												ΑD	HS	/DE	BHS	S A	llov					lure	e C	ode	M	atri	X																
																		Effe	ctive 1	/1/20	06																						
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			Valid Modifier	Valid Places of Service /Bill Type	Min /Max. Age for Procedure		Effective Begin Date	te	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Emergency Transportation	Physician	Psychologist	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath	Habilitation Provider	Level 1 Psych. Hospital	TRBHA/RBHA	Level II B/H Residence (non IMD)	Outpatient Clinic	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	ist	onal Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency Licensed Independent Substance	Abuse Counselor (LISAC)	Therapeutic Foster Care Home Riral Substance Ablise Transitional	Center	Level I Residential Treatment Center- Secure (IMD)	Level I Residential Treatment Center- Non-Secure (non-IMD)	Level I Residential Treatment Center- Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Level I Crisis Services	Other Tribal Traditional Service Practitioner	fee-for-s	service e a pay	rates. Theyment high	
		တ္ထ	II M	Valid P Type	n/Mg	Gender	ectiv	End Date	emed						+	+											$\dashv$		+	1	+	+						$\vdash$		DBHS	Max	Non	
Code		cos	۸a	7 <u>7</u>				ᇤ	Te.		03 04	106	08 1	1 1	8 19	9 28	31	39		72	74	77	78	85	86	87	97	A2 /	43 /	4 /	15 /	۱6	B1	B2	В3	В5	В6	В7	S2 S3	Units	Units		Rate
0114	Psychiatric room and board, private	10		113, 114	000/999		10/01/82		-	X	4		_		_	_	-	-	х			_					4		_		4	4			v	-				1			\$684.22
																$\pm$	$\pm$	$\perp$					х			1	1						х		Х					1			\$303.00 \$325.50
		H							-						+	+	+	+				-					-		+	+	+	+	-			X	Х	$\vdash$		1		+	\$350.00 \$252.00
0116	Detox, private	10		111, 112, 113, 114	000/999		10/01/82			х	_				T	T			х					П		$\neg$	7	1	$\top$	1	$\top$	$\top$						П		1			\$278.00
															1	T																1				,	Х			1		1	\$305.00
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	Psychiatric room and														1	F	-	-									-				$\perp$	-		Х	Х					1			\$288.00
0124	board, semi private two beds	10		111, 112, 113, 114	000/999		10/01/82			X									х																					1			\$684.22
		Н				-			╁	$\vdash$	-	$\vdash$	-	-	+	+	+	+		-		-+	х			-	+	+	-	+	+	+	х	Х	Х	-		$\vdash$		1	-	+	\$303.00 \$325.50
																											#					_					Х			1			\$350.00
0126	Detox, semi private	10		111, 112,	000/999		10/01/82		-	x	-		+	-	+	+	+	+-	х				-			+	+			+	+	+				X		$\vdash$		1		+	\$252.00 \$278.00
0120	Detox, Seriii private	10		113, 114	000/333		10/01/02	ļ	<u> </u>	^				-	+	+-	+-	+	^				-				-		-		+	-				-	X	$\vdash$		1		+	\$305.00
																T							Х										х			х				1		1	\$245.00 \$310.50
															$\pm$			<u> </u>					^										_	х	Х					1			\$288.00
0134	Psychiatric room and board, semi private three	10		111, 112, 113, 114	000/999		10/01/82			x									х												ŀ									1			\$684.22
	bed and four beds														1																$\pm$			х	х					1			\$303.00
		Н							-	$\vdash$	-	+	-	-	+	+	+	+					Х.	H		$\dashv$	$\dashv$	+	-	+	+	+	Х			-	Х	$\vdash$	-	1		+	\$325.50 \$350.00
				111, 112,												T																				х				1			\$252.00
0136	Detox, 3&4 bed	10		113, 114	000/999		10/01/82		<u> </u>	х	_		_		_	1	_	1	х								_				_	4	_			ļ		Ш		1			\$278.00
		$\vdash$							<u> </u>						$\pm$	$\pm$											$\dashv$			$\perp$	+	_				X	х			1		_	\$305.00 \$245.00
		Н											1		+	T	_						Х				-	-	-	1	+	-	Х	У	х			H		1			\$310.50 \$288.00
0154	Room/board Ward Psychiatric	10		111, 112, 113, 114	000/999		10/01/82			х	1	$\Box$	+		1	$\top$	+	T	х			$\dashv$					$\top$				+	1			_			$\Box$		1		1	\$684.22
	. Sydnauro			110, 114											1	1	1										#				$^{\dagger}$	#		Х	Х			Ħ		1		1	\$303.00
		Н							-	$\vdash$	-				+	+	+	-					Х	H		-	+		+	+	+	+	Х				Х	Н		1		+	\$325.50 \$350.00
				111, 112,					1		#		1	_	+	1	1										_	_	1	1	1	1	_			Х		$\Box$		1		1	\$252.00
0156	Detox, ward	10		113, 114	000/999	Ш	10/01/82		<u> </u>	X	_	$\sqcup$	$\perp$	_	$\perp$	$\perp$	1	-	х			_		Ш	_	_	$\perp$	_	_	-	$\perp$	4				_	Ų	Ш		1			\$278.00 \$305.00
													$\pm$	$\pm$	$\pm$	$\pm$	$\pm$	$\perp$									$\exists$		$\pm$	$\pm$	$\pm$	$\pm$				X	Х			1			\$245.00
										H			Ŧ		Ŧ	F	F					$\exists$	Х			-	$\dashv$	1		Ŧ	Ŧ	4	х	х	х			H		1		1	\$310.50 \$288.00
0183	Home pass	18		111, 112, 113, 114	000/999		10/01/82			H	+	$\Box$	+		+	$\dagger$	+	T				$\dashv$				1	$\dashv$		+	1	+	$\dagger$		X	X			H		1		1	\$117.50
											1	П	#		1	t	1						х				#				$\perp$	1	х							1		1	\$123.50
0189	Bedhold	10		111, 112, 113, 114	000/999		12/01/82		<u> </u>			Ш	$\perp$		$\perp$	$\perp$		_									$\perp$				$\perp$			X	Х	_		Ш		1			\$117.50
0004	Flectro Shock	47		111, 112, 113, 114,	000/999		10/01/82			x						+			x				Х				$\dashv$				+	+	Х			v	x			1		+	\$123.50 BR
0901	Electro Shock	4/		131, 132, 133, 134	000/999		10/01/82			*									*																	^	^			1		$\perp$	ВК

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			Valid Modifier		Min./Max. Age for Procedure		Effective Begin Date	93	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Laboratory Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath	Habilitation Provider	Level 1 Psych. Hospital	Level II B/H Residence (non IMD)	Outpatient Clinic	Level I residential treatment center Secure (non IMD)		Licensed Marriage/Family therapist		Air Transportation	Level III B/H residential (non IMD)	Community Service Agency	Licensed Independent Substance Abuse Counselor (LISAC)	Therapeutic Foster Care Home	Rural Substance Abuse Transitional Center	Level I Residential Treatment Center- Secure (IMD)	Level I Residential Treatment Center- Non-Secure (non-IMD)	Level I Residential Treatment Center- Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Level I Crisis Services	Other Tribal Traditional Service Practitioner	These fee-for	service i	HCCCS/ AE ates. The R ment higher, for-service	RBHA may , lower or
Code	Description	SOS	Valid Modifier	Туре	Min./Ma	Gender	Effectiv	End Date	Telemedi	02				11	18	19	28	31 :	39 7	71 7	2 74	4 77	78	85	86	87	97	A2	А3	A4	A5	A6	B1	B2	В3	В5	В6	В7	S2 S	DBHS 3 Units	Max Units	Non Facility Rate	Facility Rate
	Anesthesia for ECT	01			000/999			06/30/05					x					x																						2		\$26.49 per unit plus \$105.96 base	
00104	Anesthesia for ECT	01	21,	22, 23,	000/999		07/01/05						x					x																								\$32.30 per 15 min. plus \$129.20 base	
36415	Collection of venous blood by venipuncture	12	15, 23, 33,	11, 12, 20, 22, 31, 32, 50, 71, 81, 99	000/999		01/01/05					x	х		х	х		x																						5		\$3.00	
70450	Radiology/brain Tomography W/o	13	04, 21, 31,	11, 20, 22, 23, 32,71, 2, 81	000/999		10/01/82					x	x					x																						2		\$230.61	
70460	Computerized axial tomography, head or brain: with contrast material(s)	13	04, 21, 31,	11, 20, 22, 23, 32, 71, 2, 81	000/999		10/01/82					x	x					x																						1		\$282.10	
70470	Computerized axial tomography, head or brain: w/o contrast material, followed by contrast material(s) and further sections	13	04, 21, 31,	11, 20, 22, 23, 32, 71, 2, 81	000/999		10/01/82					x	x					x																						2		\$345.14	!
70551	Magnetic resonance imaging, brain; without contrast material	13	21, 31,	11, 20, 22, 23, 32, 71, 2, 81	000/999		01/01/86					x	х					x															-							2		\$519.20	
70552	Magnetic resonance imaging, brain; with contrast material	13	04, 21, 31,	11, 20, 22, 23, 32, 71, 2, 81	000/999		03/01/89					x	x					x																						2		\$622.78	
70553	Magnetic resonance imaging, brain; without contrast material, followed by contrast material and further sequences	13	04, 21, 31,	11, 20, 22, 23, 32, 71, 2, 81	000/999		01/01/92					x	x					x																						2		\$1,104.83	
80048	Basic metabolic panel	12	22,	1, 99	000/999		01/01/00					x	x					x																						1		\$11.83	
80050	General health panel	12	7:	11, 20, 2, 81	000/999		10/01/82					x	x					х																						1		\$48.08	
80051	Electrolyte panel	12	31, 72,	11, 20, 32, 71, 81, 99 11, 20,	000/999		01/01/98					x	x					x						_													Ш			2		\$9.80	
80053	Comprehensive metabolic panel	12	22,		000/999		01/01/00					X	х				_	x			_			-													Ш			1		\$14.77	
80061	Lipid Panel	12	7:	2, 81 11, 20,	000/999		10/01/82		<u> </u>			Х	Х		Х			Х	_		-	-		+	1	-	-				_						$\sqcup$	Н		1		\$18.72	
	Hepatic function panel	12	22,	71, 72,	000/999		01/01/00					x	х					х			$\perp$			_																1		\$11.42	
	Drug screen; multiple drug class	12		44 00	000/999	-	01/01/93	L	<u> </u>	Ш	-	X	Х			Ц		Х	_		$\perp$	-		4	L	1	Ш		$\sqcup$		_					_	$\sqcup$	Ш	$\perp$	99		\$20.32	
80101	Drug screen; single drug class, each drug class	12	7:	2, 81	000/999		01/01/93		<u> </u>	Ш	-+	X	X			Щ		Х	_	4	$\perp$	-		$\perp$	-	+	<u> </u>				_					<u> </u>	$\sqcup$	Щ		99	-	\$17.14	
80102	Drug, confirmation, each procedure	12	7:	2, 81	000/999		01/01/93	ļ	<u> </u>	Ш	-	X	X			Щ		х	_	-	$\perp$	-		+	<u> </u>	4	<u> </u>				_				_	<u> </u>	$\sqcup$	Щ		99		\$17.68	<b></b>
	Amitriptyline	12	7:	2, 81	000/999		01/01/93	ļ	<u>.</u>		$\rightarrow$	X	Х				-	Х	4	-	_	-		+	_	1				_	_					-	$\sqcup$			2	-	\$25.01	<b></b>
	Benzodiazepines	12	7:	2, 81	000/999	-	01/01/93	ļ	<u> </u>		-+	Х	Х				-	Х	_	-	-	-		+	_	1					_					-	$\sqcup$	$\sqcup$		4		\$25.84	
	Carbamazepine	12	7:	2, 81	000/999		01/01/93		ļ .		-+	X	Х				-+	Х	-		-	-		+	<u> </u>	-					_					-	$\sqcup$		_	4	-	\$20.34	
	Desipramine	12	7	2 81	000/999		01/01/93		<u> </u>	Ш	-+	X	X					Х	4	_	$\perp$	-		+	_	1					_					_	Ш	Ш		4		\$24.05	
80164	Valproic Acid	12	7:	11, 20, 2, 81	000/999	1	01/01/93					X	X					X																						4		\$16.64	

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			Valid Modifier Valid Places of Service /Bill	Carlboood act of A	N. Y.	e Begin Date	ę.	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy Laboratory	Emergency Transportation	Physician Psychologist	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath	Habilitation Provider	Level 1 Psych. Hospital	TRBHA/RBHA	Level II B/H Residence (non IMD)	Level I residential treatment center		Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Iransportation	Community Service Agency	Licensed Independent Substance	Therapeutic Foster Care Home	Rural Substance Abuse Transitional Center	Level I Residential Treatment Center- Secure (IMD)	Level I Residential Treatment Center- Non-Secure (non-IMD)	Level I Residential Treatment Center- Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Level I Crisis Services		fee neg	-for-se gotiate	ervice ra a paym	tes. The F ent higher or-service	rate
Code	Description	soo	Valid M	Min /Max	Gender	Effective	End Date	Telemedi				08 11	18	19	28	31	39	71	72	74 7			35 8	36 8	87 9	7 A	2 A	3 A4	A5	A6	B1	B2	В3	В5	B6	B7	S2 5	33 U		Max Units	Non Facility Rate	Facility Rate
80166		12		20,	/999	01/01/93				х		х				х																							4		\$21.66	
80174	Imipramine	12	04 11	20, 000	/999	01/01/93				х		х				х						1																	4		\$23.92	
80178	Lithium	12	04 11	20,	/999	01/01/93				х		х				х						T																	4		\$9.24	
80182	Nortriptyline	12	04 11	20,	/999	01/01/93				х		х				х						T																	4		\$16.64	
80299	Quantitation of psychotropic drug, NOS	12	04 11	20,	/999	01/01/93				х		x				х																							4		\$17.54	
80420	Dexamethasone suppression panel, 48	12	04, 11, 72, 8	20, 000	/999	01/01/94				х		x				х																							1		\$100.64	
	hour Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, and any number of these constituents; non- automated, with microscopy	12	04.11	20, 000	/999	10/01/82				x		x	x	x		x																							6		\$4.43	
	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, and any number of these constituents; automated, without microscopy	12	04, 11, 71, 72, 99		/999	01/01/96				x																													6		\$4.43	
	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, and any number of these constituents; non- automated, without microscopy	12	04, 11, 72, 8		/999	10/01/82				x		x	x	x		x																							1		\$3.57	
81003	Urinalysis, without microscopy	12	04, 11, 72, 8		/999	01/01/93				х		х	х	х		х			$\top$			T				1							1	T	T	П			4		\$3.14	
81005	Urinalysis; qualitative or semiquantitative, except immunoassays	12	04.44	20,	/999	10/01/82				х		х	х	х		x																							1		\$3.03	
81025	Urine pregnancy test, by visual color comparison methods	12	04, 11, 72, 8		/055 F	01/01/93				x		х	х	х		x																							1		\$8.84	
81050	Volume measurement for timed collection, each	12	04, 11, 72, 8		/999	01/01/93				x																													5		\$4.19	
82055	Alcohol (ethanol), blood, urine	12	04, 11, 72, 8	20, 000	/999	10/01/82				х	П	х				х			$\top$			T				$\top$										П			2		\$15.10	
82075	Alcohol (ethanol), breath	12	04.44	20, 000	/999	10/01/82				х	П	х	х	х		х																							1		\$16.84	
82145	Amphetamine or methamphetamine, chemical, quantative	12	04.44	20,	/999	10/01/82				х		х				х																							1		\$21.72	
82205	Barbiturate, not elsewhere specified	12	04, 11, 72, 8		/999	10/01/82				х	П	х				х			$\top$																				1		\$16.01	
82382	Urinary catechloamines	12	04 11	20, 000	/999	10/01/82				х		х				х			$\top$			T				T													1		\$24.02	
82465	Cholesterol, serum or whole blood, total	12	04, 11, 72, 8	20, 000	/999	10/01/82				х		х	х			х																		I					1		\$6.08	
82520	Cocaine, quantitative	12	04, 11, 72, 8	20,	/999	10/01/82				х		x				х										J													1		\$21.17	
82530	Cortisol, free	12		1 000		01/01/93				х		x				х																							2		\$23.35	
82533	Cortisol, total	12	04 11	20, 000	/999	10/01/82				х		х				х						T					T												1		\$22.78	

																						Pr	ovio	der	Туре	,																
				aces of Service /Bill	Min./Max. Age for Procedure	e Begin Date	9	Telemedicine/Non-registered ID		Pharmacy Laboratory	Emergency Transportation	Physician	Psychologist Physician Assistant	Nurse Practitioner	Nulse Tlacellole	Non-emergency Transportation DO-Physician Osteopath	Habilitation Provider	Level 1 Psych. Hospital	TRBHA/RBHA	Level II B/H Residence (non IMD)	Outpatient Clinic	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency Licensed Independent Substance Abuse Courselor (LISAC)	Therapeutic Foster Care Home	Rural Substance Abuse Transitional Center	Level I Residential Treatment Center- Secure (IMD)	Level I Residential Treatment Center- Non-Secure (non-IMD)	Level I Residential Treatment Center- Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Level I Crisis Services		fe ne		ice rate payme	es. The F ent higher	DHS/DBHS RBHA may , lower or rate
Code	Description	SOS	Valid Modifier	Valid Places of Type	Min./Ma	Gender Effective	End Date	Telemedi	02	-			1 1	B 19	9 2	28 3°	1 39	9 71	1 72	74	77	78	85	86	87	97	42	A3 A4	A5	A6	B1	B2	В3	В5	В6	B7 \$	S2 S	33 [			Currer Non Facility Rate	Facility Rate
82565	Creatinine; blood	12	0	14, 11, 20, 72, 81	000/999	10/01	82			х		х			T	х																							2		\$7.16	
82570	Creatinine (other than serum)	12	0	4 11 20	000/999	10/01	82			х		х		T	T	х							T																2		\$7.23	
82575	Creatinine clearance	12	0	72, 61 14, 11, 20, 72, 81	000/999	10/01	82			х		х		T	T	х		1		1			T			7									r			1	1		\$13.20	
82607	Cyanocobalamin (Vitamin	12	0	4, 11, 20,	000/999	10/01	82			х		х		+	T	х										$\top$										H			1		\$21.06	
	B12) Flurazepam	12	0	12, 61	000/999	10/01			+	х		х		+	+	x	+-	+	+-							+							1			$\vdash$		+	1		\$27.66	
	Folic Acid	12	0	72, 81 14, 11, 20,	000/999	10/01		+	+	х	+	х	+	+	+	x	-	+	+	$\vdash$			$\vdash$	<u> </u>		$\dashv$		-	-					<u> </u>	$\vdash$	$\vdash \vdash$		+	1		\$20.54	
	Glucose, quantitative, blood (except reagent strip)	12	0	72, 81 14, 11, 20, 72, 81	000/999	10/01	_			x		х	x		$\dagger$	x	+			T						$\top$													3	-	\$5.48	
82948	Glucose, blood, reagent strip	12	0	14, 11, 20, 72, 81	000/999	10/01	82	+		х		х	х	x	ĸ	x		+	1	$\top$			T			$\top$									T	$\vdash$		$\top$	4		\$4.43	
82977	Glutamyltransferase (GGT)	12	0	72, 81 14, 11, 20, 72, 81	000/999	10/01	82			х		х		$\dagger$	T	х			1	$\vdash$						$\top$										$\Box$		$\top$	1		\$10.06	
83840	Methadone	12	0	4 44 20	000/999	10/01	82	+		х		х		$\dagger$	$^{\dagger}$	x			1	$\vdash$			T			$\neg$										$\vdash$		+	1		\$22.81	
83925	Opiates (morphine,	12	0	4, 11, 20,	000/999	01/01	93			х		х		+	$^{\dagger}$	x			1				t			1										H		+	1		\$27.19	
83992	meperidine) Phencyclidine (PCP)	12	0	72, 81 14, 11, 20,	000/999	10/01	82			х		х		$\dagger$	$^{\dagger}$	х			+	t			t			1										$\vdash$		+	1		\$13.25	
84022	Phenothiazines	12	0	72, 81 14, 11, 20,	000/999	10/01	82	-		х	+-	х	-	+	+	х	-		-	$\vdash$				<u> </u>		$\dashv$										$\vdash$		_	1		\$21.76	
	Potassium; blood	12	0	72, 81	000/999	10/01	+	+	+	х	+	х	+	+	+	x	+-	+	+	$\vdash$			╁	-		$\dashv$							1	-	H			+	8		\$6.42	
	Prolactin	12	0	72, 81 14, 11, 20,	000/999	10/01		-	+	х	+	x	-	+	+	х	+-		-	$\vdash$			$\vdash$	-		-						<u> </u>				$\vdash$		-	1		\$27.08	
84436	Thyroxine; total	12	0	72, 81 14, 11, 20,	000/999	10/01			+	х	+	х		+	+	x	-	-	-	$\vdash$			$\vdash$	-		$\dashv$						<u> </u>		-	H	$\vdash$		+	1	-	\$9.61	
	Thyroxine; free	12	0	72, 81 14, 11, 20,	000/999	10/01			+	X	+	x	-	+	+	х	+-	+	-	$\vdash$			$\vdash$	-		$\dashv$								-		$\vdash$		+	1		\$12.60	
04433	Thyroid stimulating	$\vdash$	-	72, 81 4, 11, 20,		10/01	-	+	+	^		$\stackrel{\mathtt{a}}{+}$	+-	+	+	-	+	+	-	$\vdash$			$\vdash$	-		-	-					<u> </u>	+	-		$\vdash$		+	•		ψ12.00	
	hormone(TSH), RIA or EIA Urea nitrogen, blood	12		72, 81	000/999	10/01				X	+	X	4.	_	_	Х	+-	-	-	-			_			_			ļ				_			$\sqcup$		_	1	-	\$23.47	
84520	(BUN); quantitative Gonadotropin, chorionic	12		72, 81	000/999	10/01		-		Х	+	х	-	+	4	х	+-	+	-	╀			₩	<u> </u>		-				_		<u> </u>	_	ļ	L	$\vdash$	_	-	2		\$5.51	-
84703	(HCG), qualitative Blood count; manual	12		72, 81	000/999	10/01	86		1	х		х		-	$\perp$	х	-		-	-			-	ļ.,		_								-				_	1		\$10.49	-
85007	differential WBC count (inc. RBC morphology and platelet)	12	0	14, 11, 20, 72, 81	000/999	10/01	82			x		х				х																							3		\$4.81	
85008	Blood count; manual blood smear examination without differential parameters	12	0	14, 11, 20, 72, 81	000/999	01/01	93			x		x				x																							6		\$4.81	
85009	Blood count; differential WBC count, buffy coat	12	0	14, 11, 20, 72, 81	000/999	10/01	82			х		х		Τ	T	х										$\neg$													1		\$5.19	
85013	Blood count; spun microhematocrit	12	0	M 11 20	000/999	01/01	93			х		х	х	x	ĸ	х																							12		\$3.31	
85014	Blood count; hematocrit	12	0	72, 81	000/999	10/01	82			х		х			T	х																							3		\$3.31	
85018	Blood count; hemoglobin, colorimetric	12	0	M 11 20	000/999	10/01	82			х		х	Х	x	ĸ	х																							3		\$3.31	
	Blood count; hemogram and platelet count, automated, and automated complete differential WBC count (CBC)	12	0	4 44 00	000/999	10/01.	86			х		x				x																							1		\$8.97	
85027	Blood count; hemogram and platelet count, automated	12		12,01	000/999	10/01	82			x		х				х																							1		\$8.97	
85048	White blood cell (WBC) count	12	0	14, 11, 20, 72, 81	000/999	10/01	82			х		x				х																							4		\$3.55	
85651	Sedimentation rate, erythrocyte; non- automated	12		01	000/999	10/01	82			х		х				х																							1		\$4.96	
85652	Sedimentation rate, erythrocyte; automated	12	7	14, 11, 20, 1, 72, 81, 99	000/999	01/01	96			х		x				х																							1		\$3.77	

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			Valid Modifier  Valid Places of Service /Bill  Type	ax. Age for Procedure	Effective Begin Date	ate	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	DO-Physician Osteopath	Habilitation Provider	Level 1 Psych. Hospital	ТКВНА/КВНА	Level II B/H Residence (non IMD)	Outpatient Clinic	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	onal Counselor		Level III B/H residential (non IMD)	Community Service Agency	Abuse Counselor (LISAC)	Therapeutic Foster Care Home	Center	Level I Residential Treatment Center- Secure (IMD)	Level I Residential Treatment Center- Non-Secure (non-IMD)	Level I Residential Treatment Center-	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Level I Crisis Services	Other	Ser	ee-for-si negotiate	ervice ra e a payn	ates. The ment highe for-service	DHS/DBHS RBHA may r, lower or rate
		SOO	Valid IV	Min./Max. Gender	fecti	End Date	lemec																		1				1							r			DBHS	Max	Non Facility	Facility
Code	Description	$\overline{}$	04, 11, 20,				ığ.	02 (					寸	19 2			71	72	74	77	78	85	86	87	97	A2	A3 /	14 /	\5   <i>i</i>	A6	B1	B2	В	3 B	5 B6	B7	S2	S3	Units	Units	Rate	Rate
86580	TB test (PPD)	12	22, 71, 72, 81	000/999	10/01/82				х		X		х	х	Х																								1		\$10.14	
86585	TB test tine test	12	04, 11, 20, 22, 72, 81	000/999	10/01/82	12/31/05			х		х		х	х	х																					L			1		\$7.87	
86592	Syphilis test; qualitative (eg, VDRL, RPR, ART)	12	04, 11, 20, 72, 81	000/999	10/01/82				х		х				х														_							L			1	<u> </u>	\$5.96	
86593	Syphilis test; quantitative	12	04, 11, 20, 72, 81	000/999	10/01/82			Ш	х		х			$\perp$	х	-													$\perp$					1	$\perp$	L	Ш		1		\$6.16	
86689	Antibody; HTLV or HIV antibody, confirmatory test (eg, WES)	12	04, 11, 20, 72, 81	000/999	03/01/89				x		x				x																								1		\$27.05	
86701	Antibody; HIV-1	12	04, 11, 20, 72, 81	000/999	01/01/93				х		х		T	$\top$	х						•				$\exists$		$\neg$		$\top$		-	-		T	T	T		7	1		\$12.41	
86702	Antibody; HIV-2	12	04, 11, 20, 72, 81	000/999	01/01/93				х		х		T	$\top$	х														$\top$				Т	T	T	T			1		\$18.88	
86703	Antibody; HIV-1 and HIV- 2, single assay	12	04, 11, 20, 72, 81	000/999	01/01/93				х		х		T		х														T							Т			1		\$19.17	
87390	Infectious agent antigen detection by enzyme	12	04, 11, 20, 31, 32, 71, 72, 81, 99	000/999	01/01/98				x		x				х																								1		\$24.65	
87391	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; HIV-2	12	04, 11, 20, 31, 32, 71, 72, 81, 99	000/999	01/01/98				x		x				x																								1		\$24.65	
90772	Therapeutic, prophylatic or diagnostic injection (specify substance or drug); subcutaneous or intrauscualar	12	04, 11, 20, 22	000/999	01/01/06						x		х	х	х																								5		BR	
90782	Therapeutic or diagnostic injection (specify material injected); subcutaneous or intramuscular	01	04, 11, 20, 22	000/999	10/01/82	12/31/05					x		x	x	x																								5		\$19.36	
90801	Psychiatric diagnostic interview examination, unit unspecified	01	04, 11, 12, 20, 21, 22, 23, 31, 32, 51, 52, 53, 55, 56, 71, 72, 99,		12/01/91	09/30/03					x	x	x	x	х							х	x	x															1		\$150.12	\$141.72
90801	Psychiatric diagnostic interview examination, unit unspecified.	01	04, 11, 12, 20, 21, 22, 23, 31, 32, 51, 52, 53, 55, 56, 71, 72, 99,	000/999	10/01/03		т				x	x	x	x	x							м	м	М															1		\$152.62	\$141.72
90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication	01	04, 11, 20, 21, 22, 23, 31, 32, 51, 52, 53, 55, 56, 71, 72, 99	000/999	01/01/98	09/30/03					x	x	x	x	x							x	x	x															1		\$159.46	\$151.43
90802	Interactive psychiatric diagnostic interview examination using play	01	04, 11, 20, 21, 22, 23, 31, 32, 51, 52, 53, 55, 56, 71, 72, 99	000/999	10/01/03						x	x	х	x	x							м	м	М															1		\$162.11	\$151.43

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		soo	<b>dodifier</b>	Valid Places of Service /Bill Type	ax. Age for Procedure	Effective Begin Date	ıte	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath	Habilitation Provider	TRBHA/RBHA	Level II B/H Residence (non IMD)	Outpatient Clinic	Level I residential treatment center Secure (non IMD)	ocial Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency	Licensed Independent Substance Abuse Counselor (LISAC)	Therapeutic Foster Care Home	Rural Substance Abuse Transitional Center	Level I Residential Treatment Center- Secure (IMD)	Level I Residential Treatment Center- Non-Secure (non-IMD)	Level I Residential Treatment Center-	Non-Secure (IMD) Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Crisis Services	Other	Serv	fee-for-se	ervice ra	ates. The finent higher for-service	DHS/DBHS RBHA may r, lower or rate
Code	Description	SOS	/alid N	Valid P Type	Min./Max. Gender	Effecti	End Date	elemec	02	03.0	4 06	: 08	11	18	10	28	21 2	9 7	1 7	7/	4 77	78	85	86	87	97	Δ2	Δ3	Δ4	Δ5	Δ6	R1	B2	R	3 B	Be	B7	52	63	DBHS Units	Max	Non Facility	Facility Rate
	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient	47		04, 11, 20, 22, 53, 99	000/999		09/30/03				100	x	x		x		x						x				7.2			7.0	70	<u></u>								1		\$64.70	\$60.68
90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient	47		04, 11, 20, 22, 53, 99	000/999	10/01/03		т				x	x	x	x		x						м	М	М															1		\$65.36	\$60.68
90805	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	47		04, 11, 20, 22, 53, 99	000/999	01/01/98		Т				x		x	x		x																							1		\$71.80	\$68.12
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient	47		04, 11, 20, 22, 53, 99	000/999	01/01/98	09/30/03					x	x	x	x		x						x	x	х															1		\$97.04	\$93.39
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient	47		04, 11, 20, 22, 53, 99	000/999	10/01/03		Т				x	x	x	x		x						м	М	М															1		\$98.65	\$93.39
90807	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	47		04, 11, 20, 22, 53, 99	000/999	01/01/98		т				x		x	x		x																							1		\$104.71	\$100.87
90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient	47		04, 11, 20, 22, 53, 99	000/999	01/01/98	09/30/03					x	x	x	x		x						x	x	x															1		\$145.04	\$140.66
90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient	47		04, 11, 20, 22, 53, 99	000/999	10/01/03		т				x	x	x	x		x						м	М	М															1		\$147.02	\$140.66

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		soo	Modifier	Valid Places of Service /Bill Type	Max. Age for Procedure er	Effective Begin Date	ate	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	Habilitation Provider	Level 1 Psych. Hospital	TRBHA/RBHA	Level II B/H Residence (non IMD)		Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency Licensed Independent Substance	Abuse Counselor (LISAC) Therapeutic Foster Care Home	Rural Substance Abuse Transitional	Center Level I Residential Treatment Center-	Secure (IMD)	Non-Secure (non-IMD)	Level I Residential Treatment Center- Non-Secure (IMD)	Subacute Facility	Level I Subacute Facility (IMD)	Level I Crisis Services	Other Tribal Traditional Service Practitioner		service r	ates. The F nent higher for-service	, lower or
Code	Description	SOS	/alid	/alid 「ype	Min./Max. Gender	Effect	End Date	eleme	02	03 D	4 06	ns.	11 1	18	19 2	8 3	1 30	71	72	74	77	78	85	86	87	97	42	Δ3 Δ	4 Δ	5 4	6 F	21	R2	ВЗ	R5	B6	B7 9	52 53	DBHS Units		Non Facility Rate	Facility Rate
	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient, with medical evaluation and management services	47		04, 11, 20, 22, 53, 99	000/999	01/01/98		Т			100	x			x		x		1																				1			\$147.00
90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient	47		04, 11, 20, 22, 53, 99	000/999	01/01/98	09/30/03					x	x	x	x		x						x	x	x														1		\$69.17	\$66.25
90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient.	47		04, 11, 20, 22, 53, 99	000/999	10/01/03		Т				x	x	x	x		x						М	м	М														1		\$70.68	\$66.25
90811	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient with medical	47		04, 11, 20, 22, 53, 99	000/999	01/01/98		Т				x		x	x		x																						1		\$78.99	\$73.68
	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient	47		04, 11, 20, 22, 53, 99	000/999	01/01/98	09/30/03					x	x	x	x		x						x	x	x														1		\$106.17	\$99.37
90812	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient	47		04, 11, 20, 22, 53, 99	000/999	10/01/03		Т				x	x	x	x		x						м	м	м														1		\$104.84	\$99.37

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		soo	Modifier	Valid Places of Service /Bill Type	lax. Age for Procedure	Effective Begin Date	ate	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	DO-Physician Osteopath	Habilitation Provider	Level 1 Psych. Hospital	TRBHA/RBHA	Level II B/H Residence (non IMD)	Level I residential treatment center		Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Iransportation	Level III D'I I lesidelliai (I oli IIVID)	Community Service Agency Licensed Independent Substance	Abuse Counselor (LISAC) Therapeutic Foster Care Home	Rural Substance Abuse Transitional	Center Level I Residential Treatment Center-	Secure (IMD)	Level I Kesidential Treatment Center- Non-Secure (non-IMD)	Level I Residential Treatment Center- Non-Secure (IMD)	Subacute Facility	Level I Subacute Facility (IMD)	Level I Crisis Services	Other Tribal Traditional Service Breatitioner	The fee	e-for-se egotiate	rvice ra a paym	tes. The F ent higher or-service	DHS/DBHS RBHA may , lower or rate
Code	Description	SOS	/alid	/alid   Type	Min./Max. Gender	ffect	End Date	eleme	02	03 U	4 06	nα	11 1	Ω 1	9 2	Q 21	1 30	71	72	74 7	7 7	٥	85 9	26 9	7 0	7 4	2 1	13 V	4 4	5 ^	6 6	21	B2	B3	R5	B6	B7 (	S2 S			Max Units	Non Facility Rate	Facility Rate
	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical	47		04, 11, 20, 22, 53, 99	000/999	01/01/98		т			100	x			x	x																								1			\$106.44
90814	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient	47		04, 11, 20, 22, 53, 99	000/999	01/01/98	09/30/03	3				x	<b>x</b> :	x 2	x	x							x	<b>x</b> :	x															1		\$152.07	\$147.69
90814	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes fa	47		04, 11, 20, 22, 53, 99	000/999	10/01/03		Т				x	<b>x</b>	x 2	x	x							M	м	м															1		\$153.80	\$147.69
90815	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical	47		04, 11, 20, 22, 53, 99	000/999	01/01/98		т				x		x 2	x	x																								1		\$158.40	\$152.20
90816	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient	47		04, 11, 20, 21, 22, 31, 32, 51, 52, 55, 56, 99	000/999	01/01/98	09/30/03	3				x	x	x 2	x	x							x	<b>x</b>	x															1		\$65.10	
90816	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient	47		04, 11, 20, 21, 22, 31, 32, 51, 52, 55, 56, 99	000/999	10/01/03		т				x	x :	x 3	x	x																								1		\$65.76	

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			Modifier	Valid Places of Service /Bill Type	lax. Age for Procedure	Effective Begin Date	ate	Felemedicine/Non-registered ID	Level I Hospital	Pharmacy	Laboratory Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath	Level 1 Psych. Hospital	ТВНАТВНА	Level II B/H Residence (non IMD)	Outpatient Clinic	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency	Abuse Counselor (LISAC)	Therapeutic Foster Care Home	Kural Substance Abuse Transitional	Level I Residential Treatment Center- Secure (IMD)	Level I Residential Treatment Center- Non-Secure (non-IMD)	Level I Residential Treatment Center- Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Level I Crisis Services		Serv	fee-for-se negotiate	ervice ra e a payn	ates. The I nent higher for-service	
		SOS	alid	Valid F Type	Min./Max. Gender	ffecti	End Date	leme												T																				DBHS	Max	Non Facility	Facility
90817	Description  Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	47		04, 11, 20, 21, 22, 31, 32, 51, 52, 55, 56, 99	000/999	01/01/98		T	02	03 0	14 06	x	11		x	İ	x	9 7	1 72	2 72	4 77	78	85	86	87	97	AZ	АЗ .	A4 /	45	A6	В1	В2	ВЗ	Вэ	86	В7	SZ	83	Units 1	Units	\$72.23	Rate
90818	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care settling, approximately 45 to 50 minutes face-to-face with the patient	47		04, 11, 20, 21, 22, 31, 32, 51, 52, 55, 56, 99	000/999	01/01/98	09/30/03	3				x	x	x	x		x						x	x	x															1		\$97.80	
90818	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient	47		04, 11, 20, 21, 22, 31, 32, 51, 52, 55, 56, 99	000/999	10/01/03		т				x	x	x	x		x																							1		\$99.41	
90819	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	47		04, 11, 20, 21, 22, 31, 32, 51, 52, 55, 56, 99	000/999	01/01/98		т				x		x	x		x																							1		\$103.98	
90821	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient	47		04, 11, 20, 21, 22, 31, 32, 51, 52, 55, 56, 99	000/999	01/01/98	09/30/03	3				x	x	x	x		x						x	x	x															1		\$145.39	
90821	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient	47		04, 11, 20, 21, 22, 31, 32, 51, 52, 55, 56, 99	000/999	10/01/03		т				x	x	x	x		x																							1		\$147.79	

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			Valid Modifier	Valid Places of Service /Bill Type	lax. Age for Procedure	Effective Begin Date	Date	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Priysician Osteoparn Habilitation Provider	Level 1 Psych. Hospital	TRBHA/RBHA	Level II B/H Residence (non IMD)	Outpatient Clinic	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency	Abuse Counselor (LISAC)	Therapeutic Foster Care Home	Kural Substance Abuse Transitional Center	Level I Residential Treatment Center- Secure (IMD)	Level I Residential Treatment Center- Non-Secure (non-IMD)	Level I Residential Treatment Center- Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Level I Crisis Services		Se f	ee-for-se negotiate	rvice ra a payn	ates. The nent high for-servic	ADHS/DBHS RBHA may er, lower or e rate
0-4-	Danasistias	SOS	alid I	Valid F Type	Min./Max. Gender	ffecti	End D	eleme	02	02 0	4.06	00	44				4 20	74	72	74	77	70	0E	06	07	07		A 2			A C	D4	D2	D2	DE	De	D7	62 6		DBHS Units	Max	Non Facility	1
90822	Description  Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services	47		04, 11, 20, 21, 22, 31, 32, 51, 52, 55, 56, 99	000/999	01/01/98		Т		00 0-	400	x			X		x		12			70		00			72	AJ	<u> </u>		Au		BZ					32 (	33	1	Oinca	\$152.02	
90823	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient	47		04, 11, 12, 20, 21, 22, 51, 52, 55, 56, 99	000/999	01/01/98	09/30/03	3				x	x	x	x		x						x	x	x															1		\$69.93	
90823	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient	47		04, 11, 12, 20, 21, 22, 51, 52, 55, 56, 99	000/999	10/01/03						x	x	x	x		x																							1		\$70.67	
90824	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	47		04, 11, 12, 20, 21, 22, 51, 52, 55, 56, 99	000/999	01/01/98						x		x	x		x																							1		\$77.52	
90826	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient	47		04, 11, 12, 20, 21, 22, 51, 52, 55, 56, 99	000/999	01/01/98	09/30/03	3				x	x	x	x		x						x	x	x															1		\$103.74	

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		soo	Aodifier	Valid Places of Service /Bill Type	ax. Age for Procedure	Effective Begin Date	ate	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath	Habilitation Provider	TERHARBHA	l evel II B/H Residence (non IMD)	Outpatient Clinic	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency	Licensed Independent Substance Abuse Counselor (LISAC)	Therapeutic Foster Care Home	Rural Substance Abuse Transitional Center	Level I Residential Treatment Center-Secure (IMD)	Level I Residential Treatment Center-	Level I Residential Treatment Center-	Non-Secure (IMD)	Level I Subacute Facility (non-liMD)	Level I Subacute Facility (IMD)	Level I Crisis Services	Other Tribal Traditional Service Practitioner	The fee-	for-sen	vice rat a paym	tes. The ent highe or-service	DHS/DBHS RBHA may r, lower or rate
Code	Description	SOS	Valid I	Valid F Type	Min./Max. Gender	Effecti	End Date	Teleme	02 (	03 04	4 06	80	11	18	19	28	31 3	39 7	1 7	2 7	4 77	78	8	5 86	6 87	7 97	A2	2 A3	3 A4	A5	A6	B1	B2	2 B	33 E	35 E	36 E	37 5	52 S		BHS I	Max Units	Non Facility Rate	
	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient	47		04, 11, 12, 20, 21, 22, 51, 52, 55, 56, 99	000/999	10/01/03						x			x	-	x																								1		\$105.08	
90827	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient, with medical evaluation and management services	47		04, 11, 20, 21, 22, 51, 52, 55, 56, 99	000/999	01/01/98						x		x	x		x																								1		\$109.27	
90828	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient	47		04, 11, 12, 20, 21, 22, 51, 52, 55, 56, 99	000/999	01/01/98	09/30/03					x	x	x	x		x						x	x	x																1		\$152.10	
90828	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient	47		04, 11, 12, 20, 21, 22, 51, 52, 55, 56, 99	000/999	10/01/03						x	x	x	x		x																								1		\$153.82	
90829	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services	47		04, 11, 20, 21, 22, 50, 51, 52, 55, 56, 99	000/999	01/01/98						x		x	x		x																								1		\$157.31	

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			Valid Modifier	Valid Places of Service /Bill Type	Min./Max. Age for Procedure Gender	Effective Begin Date	ıte	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	DO Division Official	Habilitation Provider	Level 1 Psych. Hospital	ТКВНА/КВНА	Level II B/H Residence (non IMD)	Outpatient Clinic Level   residential treatment center	Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Community Service Agency	Licensed Independent Substance	Abuse Counselor (LISAC) Therapeutic Foster Care Home	Rural Substance Abuse Transitional	Level I Residential Treatment Center-	Secure (IMD) Level I Residential Treatment Center-	Non-Secure (non-IMD) Level I Residential Treatment Center-	Non-Secure (IMD)	Level I Subacite Facility (MD)	Level I Crisis Services		Traditional Serv	fee-for-se	ervice ra	HCCCS/ AE ttes. The R nent higher, for-service	RBHA may , lower or rate
Code	Description	SOS	Valid N	Valid P Type	Min./Ma Gender	Effecti	End Date	Telemed	02	03 04	4 06	08	11 1	18	19 2	8 3	1 39	71	72	74 7	7 7	78	85	86 8	37 9	7 A	2 A	3 A	4 A!	i Ae	6 B1	1 B	2 E	33 E	5 B	6 B	7 S	2 S3	DBHS Units	Max Units	Non Facility Rate	Facility Rate
90845	Medical psychoanalysis- no units specified	47	2	04, 11, 20, 21, 22, 23, 51, 52, 53, 55, 56, 71, 72	000/999	10/01/92		Т				x				3	(																						1		\$91.11	\$88.95
90846	Family psychotherapy (without the patient present) Family psychotherapy	47	2	04, 11, 12, 20, 21, 22, 31, 32, 99 04, 11, 12,	000/999	10/03/01	09/30/03	3				х	х	x	x	3	(						x	x	x														1		\$94.10	
90846		47	2	20, 21, 22, 31, 32, 99	000/999	10/01/03		Т				х	х	х	x		(						М	М	М											$\perp$			1		\$95.64	
90847	family psychotherapy (conjoint psychotherapy, with patient present)	47	5	55, 56, 71, 72, 99	000/999	10/01/82	09/30/03	3				x	x	x	x	1	(						x	x	x														2		\$114.90	\$112.71
90847	family psychotherapy (conjoint psychotherapy, with patient present)	47	5	04, 11, 20, 21, 22, 23, 51, 52, 53, 55, 56, 71, 72, 99	000/999	10/01/03		Т				x	x	х	x	2	(						м	м	м														2		\$116.39	\$112.71
90849	Multiple-family group psychotherapy (per family)	47	5	55, 56, 71, 72, 99	000/999	10/01/82	09/30/03	3				x	x	х	x	2	(						x	x	x														2		\$32.30	\$31.20
90849	Multiple-family group psychotherapy (per family)	47	5	04, 11, 20, 21, 22, 23, 51, 52, 53, 55, 56, 71, 72, 99	000/999	10/01/03						x	x	x	x	)	(						м	м	м														2		\$33.25	\$31.20
90853	Group psychotherapy (other than of a multiple- family group) (per member)	47	5	04, 11, 20, 21, 22, 23, 51, 52, 53, 55, 56, 71, 72, 99	000/999	10/01/82	09/30/03	3				x	x	x	x	1	(						x	x	x														2		\$31.57	\$30.83
90853	Group psychotherapy (other than of a multiple- family group) (per member)	47	5	04, 11, 20, 21, 22, 23, 51, 52, 53, 55, 56, 71, 72, 99	000/999	10/01/03						x	x	x	x	)	(						М	м	м														2		\$32.50	\$30.83
90857	Interactive group psychotherapy (per member)	47	5	55, 56, 71, 72, 99	000/999	01/01/92	09/30/03	3				x	x	x	x	)	(						x	x	x														2		\$35.29	\$33.83
90857	Interactive group psychotherapy (per member)	47	5	55, 56, 71, 72, 99	000/999	10/01/03						x	x	x	x	2	(						м	м	м														2		\$35.51	\$33.83
90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	01	0 2 3 5	04, 11, 20, 21, 22, 23, 31, 32, 33, 51, 52, 53, 55, 56, 71, 72	000/999	12/01/91		т				x		x	x	2	(																						1		\$51.74	\$47.97
90870	Electroconvulsive therapy (includes necessary monitoring)	47	5	04, 11, 20, 21, 22, 23, 51, 52, 53, 55, 56, 71, 72	000/999	10/01/92						x				1	(																						1		\$145.32	
90871	Electroconvulsive therapy ( includes necessary monitoring); multiple seizures, per day	47	5	04, 11, 20, 21, 22, 23,	000/999	10/01/92	12/31/05	5				x				,	(																						1		\$145.86	

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		cos	d Modifier	Valid Places of Service /Bill Type	Min./Max. Age for Procedure	Gender	Effective Begin Date	Date	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath	Habilitation Provider	Level 1 Psych. Hospital	Level II B/H Residence (non IMD)	Outpatient Clinic	Level I residential treatment center	Licensed Clinical Social Worker	e/Farr	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency	Abuse Counselor (LISAC)	peutic Fos	Rural Substance Abuse Transitional Center	Level I Residential Treatment Center- Secure (IMD)	Level I Residential Treatment Center- Non-Secure (non-IMD)	Level I Residential Treatment Center- Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Level I Crisis Services	Other	Tribal Traditional Service Practitioner	fee-for negoti equal	-service ate a pa to the fe	Non	RBHA may er, lower or e rate
Code	Description	ő	Vali	Valid Type	Min	ge i	ETE	End	Tele	02 0	04	06	08	11	18	19	28 :	31 3	39	71 7	2 7	4 77	78	85	86	6 87	7 97	A2	А3	A4	A5	Α6	В1	В2	Вз	В5	В6	В7	S2	S3	DBH: Units	Max Unit		Facility Rate
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); (approx. 20-30 minutes)	47	1	11, 21, 22, 23, 51, 52, 53, 55, 56, 71, 72, 99	000/999	01/4	01/97	09/30/03					x	x	x	x		x						x	x	x	4														1		\$79.30	\$63.23
90875	Individual psychophysiological therapy incorporating biofeedback training by any modalify (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); (approx. 20-30 minutes)	47		04, 11, 12, 20, 21, 22, 23, 51, 52, 53, 55, 56, 71, 72, 99	000/999	10/0	01/03						x	x	x	x		x																							1		\$80.69	\$63.23
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); (approx. 45-50 minutes).	47	1	04, 11, 20, 21, 22, 23, 51, 52, 53, 55, 56, 71, 72, 99	000/999	01/0	01/97	09/30/03					x	x	x	x		x						x	x	x	1														1		\$115.33	\$99.63
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); (approx.	47		53, 55, 56, 71, 72, 99	000/999	10/0	01/03						x	x	x	x		x																							1		\$117.33	\$99.63
90880	Hypnotherapy	47	1	04, 11, 20, 21, 22, 31	018/999	10/0	01/82						х	х	х	х		х																							1		\$124.25	
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	47	1	04, 11, 20, 21, 22, 23, 51, 52, 53, 55, 56, 71, 72	000/999	10/0	01/92	09/30/03					x	x	x	x		x						x	x	x															1		\$150.00	
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	47	3	04, 11, 20, 21, 22, 23, 51, 52, 53, 55, 56, 71, 72	000/999	10/0	01/03		т				x	x	x	x		x																							1		\$150.00	
90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes	47	1	04, 11, 20, 21, 22, 31, 32, 33, 51, 52, 53, 99	000/999	01/0	01/98	09/30/03					x	x	х	х		x						x	x	x															1		\$50.54	
90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes	47	1	04, 11, 20, 21, 22, 31, 32, 33, 51, 52, 53, 99	000/999	10/0	01/03						x	x	x	х		х																							1		\$51.38	

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		soo	Modifier	Valid Places of Service /Bill Type	lax. Age for Procedure	Effective Begin Date	ate	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Laboratory Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath	Habilitation Provider	TERHA/PRHA	HAVELLING BY H. Residence (non IMD)	Outpatient Clinic	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency	Licensed Independent Substance Abuse Counselor (LISAC)	Therapeutic Foster Care Home	Rural Substance Abuse Transitional Center	Level I Residential Treatment Center- Secure (IMD)	Level I Residential Treatment Center- Non-Secure (non-IMD)	Level I Residential Treatment Center-	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Crisis Services	Other	Serv	fee-for-s negotiate	ervice ra	ates. The F nent higher for-service	DHS/DBHS RBHA may r, lower or rate
Code	Description	SOS	Valid	Valid I Type	Min./Max. Gender	Effect	End Date	Teleme	02	03 (	04 06	808	11	18	19	28	31 3	9 7	1 7	2 7	4 77	78	85	86	87	97	A2	А3	A4	A5	A6	В1	B2	ВЗ	B B	B6	B7	S2	S3	DBHS Units	Max Units	Non Facility Rate	Facility Rate
	Interpretation or explanation of results of psychiatric, other medical exams & procedures, or other accumulated data to family/responsible person(s), or advising them how to assist or manage patient.			04, 11, 20, 21, 22, 23,	000/999	10/01/92	09/30/03					x	x	x	x		x						x	x	x															1		\$86.83	\$77.34
90887	Interpretation or explanation of results of psychiatric, other medical exams & procedures, or other accumulated data to family/responsible person(s), or advising them how to assist or manage patient.	01		04, 11, 20, 21, 22, 23, 51, 52, 53, 55, 56, 71, 72, 99	000/999	10/01/03		т				x	x	x	x		x																							1		\$88.32	\$77.34
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than legal or consultative purposes) for other physicians, agencies, or insurance carriers.	01		04, 11, 20, 21, 22, 23, 51, 52, 53, 55, 56, 71, 72, 99	000/999	10/01/92	09/30/03					x	x	x	x		x						x	x	x															1		\$64.54	
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than legal or consultative purposes) for other physicians, agencies, or insurance carriers.	01		04, 11, 20, 21, 22, 23, 51, 52, 53, 55, 56, 71, 72, 99	000/999	10/01/03						x	x	x	x		x																							1		\$64.54	
90899	Unlisted psychiatric service or procedure	01		04, 11, 20, 21, 22, 31	018/999	12/01/91						х	х	х	х	7	х		1	T			T											T		T	П			1		BR	
90901	Biofeedback training by any modality	01		04, 11, 20, 21, 22, 23, 51, 52, 53, 55, 56, 71, 72, 99	000/999	01/01/97	09/30/03					x	x	x	х		x						x	x	х															1		\$40.22	\$21.23
90901	any modality	01		55, 56, 71, 72, 99	000/999	10/01/03						x	x	x	x		x																							1		\$40.61	\$21.23
93000	interpretation and report	01		04, 11, 20, 21, 22, 23, 31, 32, 72, 81, 99	000/999	10/01/82						x					x																							2		\$26.70	
93005	Electrocardiogram,	01		04, 11, 20, 22, 31, 32, 72, 81, 99	000/999	10/01/82						x		x	x		x																							2		\$17.61	
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	01		04, 11, 20, 21, 22, 23, 32, 72, 81	000/999	10/01/82						x					x																							4		\$9.09	
93040	Rhythm ECG, one to three leads, with interpretation and report	01		04, 11, 20, 21, 22, 23, 32, 72, 81	000/999	10/01/82						х					х																							2		\$14.34	
93041	Rhythm ECG one to	01		32, 72, 81 04, 11, 20, 21, 22, 23, 32, 72, 81	000/999	10/01/82						х		х	х		x						İ																	2		\$6.00	
93042	Rhythm ECG, one to three leads, interpretation and report only	01		04, 11, 20, 21, 22, 23, 72, 81	000/999	10/01/82						х					x																							2		\$8.34	

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			Valid Modifier	Valid Places of Service /Bill Type	ax. Age for Procedure		Effective Begin Date	ate	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Laboratory Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath	Habilitation Provider	Level 1 Psych. Hospital	ТВНА/ВВНА	Level II B/H Residence (non IMD)	Outpatient Clinic	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency	Licensed Independent Substance Abuse Counselor (LISAC)	Therapeutic Foster Care Home	Rural Substance Abuse Transitional Center	Level I Residential Treatment Center- Secure (IMD)	Level I Residential Treatment Center-	Level I Residential Treatment Center-	Non-Secure (IMD)	Level I Subacute Facility (IMD)	Level I Crisis Services	Other	Serv	fee-for-se negotiate	ervice ra	ates. The finent higher for-service	r, lower or
Code	Description	SOS	Valid I	Valid F Type	Min./Max.	Gender	Effecti	End Date	Teleme	02	03 0	04 0	6 08	11	18	19	28	31	39	71	72	74	77	78	85	86	87	97	A2	А3	A4	A5	A6	B1	В2	2 B	3 B	5 B	6 B7	7 52	S3		Max Units	Non Facility Rate	
95819	Electroencephalogram (EEG) including recording awake and asleep, with hyperventilation and/or photic stimulation; standard or portable, same facility	01		04, 11, 20, 21, 22, 51	000/999	10	0/01/82						х		х			x																								1		\$158.65	
96100	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, eq. WAIS-R, Rorschach, MMPI) with interpretation and report, per hour.	01		04, 11, 20, 21, 22, 51, 52, 53, 55, 56, 71, 72, 99	000/999	0	1/01/96	12/31/05	т				x	x				x																								10		\$72.99	
96101	Psychological testing (includes Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg. MMPI, Rorshach, WAIS) per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	01		04, 11, 20, 21, 22, 51, 52, 53, 55, 56, 71, 72, 99	000/999	0	1/01/06		т				x	x				x																								10		BR	
96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg. MMPI, Rorshach, WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face.	01		04, 11, 20, 21, 22, 51, 52, 53, 55, 56, 71, 72, 99	000/999	0	1/01/06		т				x	x				x																								10		BR	
96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg. MMPI, Rorshach, WAIS), administered by a computer, with qualified health care professional interpretation and report.	01		04, 11, 20, 21, 22, 51, 52, 53, 55, 56, 71, 72, 99	000/999	0	1/01/06		т				x	x				x																								10		BR	
96110	Developmental testing; limited (eg, developmental screening test II, early language milestone screen), with interpretation and report	01		04, 11, 20, 21, 22, 31, 32, 33, 71, 72, 99	000/020	0	1/01/96						x	x	x	x		x																								1		\$14.01	

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			Valid Modifier	Valid Places of Service /Bill Type	x. Age for Procedure	Effective Begin Date	0	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath	Habilitation Provider	Level 1 Psych. Hospital	TABITA/KBITA	Level II B/H Residence (non IMD) Outpatient Clinic	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency	Licensed Independent Substance Abuse Counselor (LISAC)	Therapeutic Foster Care Home	Rural Substance Abuse Transitional Center	Level I Residential Treatment Center- Secure (IMD)	Level I Residential Treatment Center-	Non-Secure (non-IMD) Level I Residential Treatment Center-	Non-Secure (IMD)	Subacute Facility	Level I Subacute Facility (IMD)	Level I Crisis Services	Tribal Traditional Service Practitioner	These fee-for	-service ate a pa	AHCCC e rates. T ayment hi ee-for-ser	he RBH gher, lovice rate	HA may wer or e
		တ္ထ	alid Me	alid Pla	Min./Max.	fectiv	End Date	emed												+			+													+	+	+		DBH		No		Rate
96111	Description  Developmental testing: extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments, eg, Bayley Scales of Infant Development) with interpretation and report, per hour.	01	>	04, 11, 20, 21, 22, 31, 32, 33, 71, 72, 99	000/020	01/01/9			02	03 0	14 06				x		x	39 7	1 7	2 7	74 77	78	8:	5 86	6 87	97	A2	A3	A4	A5	A6	B1	В	2 B	13 E	35 E	86 B	37 S	2 5:	10	s Uni	\$145		Rate
96115	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, memory, visual spatial abilities, language functions, planning) with interpretation and report, per hour.	01		04, 11, 20, 21, 22, 31, 32, 33, 51, 52, 53, 55, 56, 71, 72, 99	000/999	01/01/9	6 12/31/05	5 T				x	x				x																							10		\$72	99	
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, eg. Acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologists or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report.	01		04, 11, 20, 21, 22, 31, 32, 33, 51, 52, 53, 55, 56, 71, 72, 99	000/999	01/01/00	5	т				x	x				x																							10		ВІ	2	
96117	interpretation and report, per hour.	01		04, 11, 20, 21, 22, 31, 32, 33, 51, 52, 53, 55, 56, 71, 72, 99	000/999	01/01/9	6 12/31/05	5				x	x				x																							7		\$72	99	
96118	Neuropsychological testing (eg. Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, bith face-to-face time with the patient and time interpreting test results and preparing the report. Neuropsychological	01		04, 11, 20, 21, 22, 31, 32, 33, 51, 52, 53, 55, 56, 71, 72, 99	000/999	01/01/0	6					x	x				x																							7		ВІ	₹	
	Neuropsychological testing (eg. Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face.	01		04, 11, 20, 21, 22, 31, 32, 33, 51, 52, 53, 55, 56, 71, 72, 99	000/999	01/01/0	6					x	x		-		x																							7		BI	₹	

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		cos	<b>Nodifier</b>	Valid Places of Service /Bill Type	ax. Age for Procedure r	Effective Begin Date	ıte	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath	nabilitation Provider	TRBHA/RBHA	Nove     B/H Residence (non IMD)	Outpatient Clinic	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency	Licensed Independent Substance Abuse Counselor (LISAC)	Therapeutic Foster Care Home	Rural Substance Abuse Transitional Center	Level I Residential Treatment Center- Secure (IMD)	Level I Residential Treatment Center-	Level I Residential Treatment Center-	Non-Secure (IMD)	Level I Subacute Facility (non-livid)	Level I Subacute Facility (IMD)	Other	Tribal Traditional Service Practitioner	fee-for-s	ervice r e a payı	AHCCCS/ AI rates. The F ment higher -for-service	RBHA may , lower or
Code	Description	SOO	Valid N	Valid F Type	Min./Max. Gender	Effecti	End Date	Telemed	02	03 0	4 06	08	11	18	19	28	31 3	9 7	1 7	2 7	4 77	78	85	86	87	97	A2	А3	<b>A4</b>	A5	A6	B1	B2	2 B	3 B	5 B	6 B	7 S	2 S3	DBHS Units	Max Units	Non Facility	Facility Rate
96120	Neuropsychological testing (eg. Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report	01		04, 11, 20, 21, 22, 31, 32, 33, 51, 52, 53, 55, 56, 71, 72, 99	000/999	01/01/06						x	x				x																							7		BR	
97532	Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on- one) patient contact by the provider, each 15 minutes	06		04, 11, 20, 21, 22, 31, 32, 33, 72, 99	000/999	01/01/01						x	x	x	x		x																							4		\$24.55	
99199	Unlisted special consists	01		04, 11, 20, 21, 22, 23, 72, 81, 99	000/999	10/01/82						х					х			$\dagger$			$\vdash$											Ť		Ť	t	$\dagger$		1		BR	
99201	Office or other outpatient visit for the evaluation and management of new patient, which requires these 3 key components: a problem-focused history; a problem-focused examination; and, straightforward medical decision-making for a minor problem.	01		04, 11, 20,	000/999	01/01/92		т				x		x	x		x																							2		\$36.56	\$30.91
99202	Office or other outpatient visit for the evaluation and management of new patient, which requires these 3 key components: expanded problem-focused history; an expanded problem-focused exam; and medical decision-making for low to moderate severity problem	01		04, 11, 20, 22, 23, 53, 71, 72	000/999	01/01/92		т				x		x	x		x																							2		\$64.87	\$57.28
99203	Office or other outpatient visit for the evaluation and management of new patient, which requires	01		04, 11, 20, 22, 23, 53, 71, 72	000/999	01/01/92		т				x		x	x		x																							2		\$96.61	\$85.87
99204	Office or other outpatient visit for the evaluation and management of new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and, medical decision-making for problems of moderate to high seventy.	01		04, 11, 20, 22, 23, 53, 71, 72	000/999	01/01/92		т				x		x	x		x																							2		\$136.65	\$123.01
99205	Office or other outpatient visit for the evaluation and management of new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and, medical decision-making of high complexity	01		04, 11, 20, 22, 23, 53, 71, 72	000/999	01/01/92		т				x		x	x		x																							2		\$172.93	\$158.70

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		cos	lodifier	Valid Places of Service /Bill Type	ax. Age for Procedure	Effective Begin Date	ite	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Laboratory Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	DO-Physician Osteopath	Habilitation Provider	Level 1 Psych. Hospital	ТВНА/КВНА	Level II B/H Residence (non IMD)		Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency Licensed Independent Substance	Abuse Counselor (LISAC) Therapeutic Foster Care Home	Rural Substance Abuse Transitional	Level I Residential Treatment Center-	Secure (IMD) Level I Residential Treatment Center-	Non-Secure (non-IMD)	Non-Secure (IMD)	Subacute Facility	Level I Crisis Services	Other	Tribal Traditional Service Practitioner	fee-for-s negotiat	ervice ra e a payr	ates. The Finent higher for-service	, lower or rate
		SO	alid N	alid P ype	Min./Max. Gender	ffectiv	End Date	emec						<u>.</u>				<u></u>											1	1									DBHS		Non Facility	Facility
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not required the	01	>	04, 11, 20, 22, 23, 53, 71, 72	000/999	01/01/92		T	02	03 0	14 00		х		x	8 3 x		71	12	14	77	78	85	80	87	97 7	A2 )	A3 A	4 A	5 A	) B		52   1	53 E	50 E	50 B	7 52	2 53	Units 2	Units	\$21.41	\$16.18
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem-focused history; a problem-focused examination; medical decision-making for minor problem.	01		04, 11, 12, 20, 22, 23, 53, 71, 72	000/999	01/01/92		т				x		x	x	x																							2		\$38.43	\$31.78
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem-focused history; an expanded problem-focused warmination; medical decision-making	01		04, 11, 20, 22, 23, 53, 71, 72	000/999	01/01/92		т				x		x	x	x																							2		\$52.36	\$45.49
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision-making	01		04, 11, 20, 22, 23, 53, 71, 72	000/999	01/01/92		т				x		x	x	x																							2		\$82.16	\$71.95
99215	a comprehensive history; a comprehensive examination; and medical decision-making of high complexity	01		04, 11, 20, 22, 23, 53, 71, 72	000/999	01/01/92		т				x		x	x	x																							2		\$119.59	\$108.20
99217	Observation care Discharge Day Management	01		22, 23	000/999	01/01/94						x		х	х	х																							1		\$70.72	
99218	Initial observation care, per day, for the evaluation and management of a patient which requires these three key	01		22, 23	000/999	01/01/93						x		x	x	x																							1		\$67.36	

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		cos	lodifier	Valid Places of Service /Bill Type	ax. Age for Procedure	Effective Begin Date	ite	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Laboratory Emergency Transportation	Physician	Psychologist	Nurse Dractitioner	Non-emergency Transportation	DO-Physician Osteopath	Habilitation Provider	Level 1 Psych. Hospital	TRBHA/RBHA	Level II B/H Residence (non IMD)	Outpatient Clinic	Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non liviD)	Community Service Agency Licensed Independent Substance	Abuse Counselor (LISAC) Therapeutic Foster Care Home	Rural Substance Abuse Transitional	Level I Residential Treatment Center-	Secure (IMD) Level I Residential Treatment Center-	Non-Secure (non-IMD) Level I Residential Treatment Center-	Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Level I Crisis Services	Other	Traditional Serv	These ar fee-for-s negotiate	ervice ra e a payr	ates. The F nent higher for-service	, lower or rate
Code	Description	SSS	/alid N	/alid P 「ype	Min./Max. Gender	Effectiv	End Date	elemec	02	03.0	4 06	08	11 1	8 1	9 2	8 31	39	71	72	74 7	7 7	78	85	86 8	87 0	97 A	2 4	Δ Δ	1 Δ5	5 A	S R1	ı F	12 F	33 F	85 F	6 B	7 5	2 53	DBHS Units	Max Units	Non Facility	Facility Rate
	Initial observation care, per day for the evaluation and management of a patient, which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making of moderate complexity			22, 23	000/999	01/01/93						x			x	x																							1		\$112.03	
99220	Initial observation care, per day for the evaluation and management of a patient, which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making of high complexity	01		22, 23	000/999	01/01/93						x	,	( )	x	x																							1		\$157.43	
99221	Initial hospital care, per day, for the evaluation and management of a patient which requires these 3 key components: a comprehensive history; a comprehensive examination; and, medical decision-making for a problem of low severity.	01		21, 51	000/999	01/01/92						x	)	( )	x	x																							5		\$68.14	
99222	Initial hospital care, per day, for the evaluation and management of a patient which requires these 3 key components: a comprehensive history; a comprehensive examination; and, medical decision-making for a problem of moderate severify.	01		21, 51	000/999	01/01/92						x	2	( )	x	x																							5		\$112.78	
99223	Initial hospital care, per day, for the evaluation and management of a patient which requires these 3 key components: a comprehensive history; a comprehensive examination; and, medical decision-making for a problem of high severity.	01		21, 51	000/999	01/01/92						x	)	( )	x	x																							5		\$157.03	
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 components: a problem-focused interval history; a problem-focused examination; medical decision-making of low complexity	01		21, 51	000/999	01/01/92						x	)	( )	x	x																							5		\$34.06	

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		SOO	odifier	Valid Places of Service /Bill Type	ax. Age for Procedure		re Begin Date	ţe.	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Laboratory Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath	Habilitation Provider	Level 1 Psych. Hospital	TRBHA/RBHA	Level II B/H Residence (non IMD)	Outpatient Clinic	i realment center	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	onal Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency	Abuse Counselor (LISAC)	Therapeutic Foster Care Home	Rural Substance Abuse Transitional Center	Level I Residential Treatment Center- Secure (IMD)	Level I Residential Treatment Center- Non-Secure (non-IMD)	Level I Residential Treatment Center- Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Level I Crisis Services		Ser	ee-for-se negotiate	ervice ra e a payn	ates. The I	rate
		ရ	II W	lid P	Min./Max.	Gender	Effective	End Date	emed							-					+			-								-										DBHS	Max	Non Facility	nt Rate Facility
Code	Description	ၓ	^a	\$ 5	Ē	Ğ	ш	Б	Te	02	03	04 06	80	11	18	19	28 :	31 3	39	71	72	74 7	77	78	85	86	87	97	A2	A3	A4	A5	A6	B1	B2	В3	B	B6	В7	S2 :		Units		Rate	Rate
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of 3 components: an expanded problem-focused interval history; an expanded problem-focused incomponents medical decision-making of moderate	01		21, 51	000/999		01/01/92						x		x	x		x																								5		\$55.60	
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of 3 components: a detailed interval history; a detailed examination; medical decision-making of high complexity	01		21, 51	000/999		01/01/92						x		x	x		x																								5		\$79.07	
99234	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity.	01		21, 22, 23, 51, 99	000/999		01/01/98						x		x	x		x																								1		\$135.51	
99235	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity	01		21, 22, 23, 51, 99	000/999		01/01/98						x		x	x		x																								1		\$178.64	
99236	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity	01		21, 22, 23, 51, 99	000/999		01/01/98						x		x	x		x																								1		\$222.89	
99238	management	01		21, 51	000/999		01/01/92						х		х	х		х																								5		\$70.69	
99239	Hospital discharge day management; more than 30 minutes	01		21, 51, 99	000/999		01/01/96						x		x	x		x																								5		\$96.41	

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			Valid Modifier	Valid Places of Service /Bill Type	Min./Max. Age for Procedure Gender	Effective Begin Date	ate	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Laboratory Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath	Level 1 Psych. Hospital	TRBHA/RBHA	Level II B/H Residence (non IMD)	Outpatient Clinic	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency	Licensed Independent Substance Abuse Counselor (LISAC)	Therapeutic Foster Care Home	Rural Substance Abuse Transitional Center	Level I Residential Treatment Center- Secure (IMD)	Level I Residential Treatment Center- Non-Secure (non-IMD)	Level I Residential Treatment Center- Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Level I Crisis Services		Se fe	ee-for-se egotiate	ervice ra a paym	tes. The F lent higher or-service	, lower or
		SOS	lid	Valid F Type	Min./Max Gender	fecti	End Date	eme																																		Non Facility	Facility
99241	Office consultation for a new or established patient, which requires these 3 key components: a problem-focused	01	>	04, 11, 12, 20, 22, 23, 33, 72	000/999	01/01/92	ш	т	02	03 0	04 06	x	11		x		x	9 71	1 72	2 74	4 77	78	85	86	87	97	A2	А3	A4	A5	<b>A6</b>	<u>B1</u>	B2	В3	B5	B6	В7	S2 \$	53	2	Units	<b>Rate</b> \$50.17	<b>Rate</b> \$43.39
99242	Office consultation for a new or established patient, which requires these 3 key components: an expanded problem-focused history; an expanded problem-focused examination; and, straightforward medical decision-making for problems of a low severity.	01		04, 11, 12, 20, 22, 23,33, 72	000/999	01/01/92		т				x		x	x		x																							2		\$91.76	\$82.37
99243	decision-making for a problem of low complexity. (Approx. 40 minutes)	01		04, 11, 12, 20, 22, 23, 33, 72	000/999	01/01/92		т				x		x	x		x																							2		\$122.34	\$108.76
99244	Office consultation for a new or established patient, which requires 3 key components: a comprehensive history; a comprehensive examination; and, medical decision-making of moderate complexity for problems of a moderate/nigh severity. (Approx. 60 minutes	01		04, 11, 12, 20, 22, 23, 33, 72	000/999	01/01/92		т				x		x	x		x																							2		\$172.20	\$156.37
99245	Office consultation for a new or established patient, which requires 3 key components: a comprehensive history; a comprehensive examination; and, medical decision-making for a problem of high severity. (Approx. 80 minutes)	01		04, 11, 12, 20, 22, 23, 33, 71, 72	000/999	01/01/92		Т				x		x			x																							2		\$222.85	\$203.71
99251	Initial inpatient consultation for a new or established patient, which requires 3 components: a problem-focused history; a problem-focused examination; and, straightforward medical decision-making for a minor problem. (Approx. 20 minutes)	01		21, 31, 32, 51	000/999	01/01/92		т				x		x	x		x																							5		\$36.00	

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		SOO	Modifier	Valid Places of Service /Bill Type	lax. Age for Procedure	Effective Begin Date	ate	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Emergency Transportation	Physician	Psychologist Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath	Habilitation Provider	Level 1 Psych. Hospital	TRBHA/RBHA	Level II B/H Residence (non IMD)	I treatment center		tsi c	inselor		Level III B/H residential (non IMD)	Community Service Agency	Licensed Independent Substance Abuse Counselor (LISAC)	Therapeutic Foster Care Home	Rural Substance Abuse Transitional Center	Level I Residential Treatment Center- Secure (IMD)	Level I Residential Treatment Center- Non-Secure (non-IMD)	Level I Residential Treatment Center-	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Level I Crisis Services	Other Tribal Tactitional Service Practitioner	The	-for-ser gotiate a	rvice rat a paym	HCCCS/ AE tes. The R tent higher, or-service i	lower or rate
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99252	Initial inpatient consultation for a new or established patient, which requires 3 components: an expanded problem-	01		21, 31, 32, 51	000/999	01/01/92		т	02	030	400	x	x			х	39	,		74 7	, , ,		55 01	0 07		AZ	AS	<b>A4</b>	AS	Au	ы	В	<b>D</b> 3				32 3		5	Units	\$72.34	Rate
	Initial inpatient consultation for a new or established patient, which requires 3 components: a detailed history; a detailed examination; and, medical decision-making of low complexity for a problem of moderate severity. (Approx. 55 minutes)	01		21, 31, 32, 51	000/999	01/01/92	2	т				x	x	×	(	x																							5		\$98.81	
99254	Initial inpatient consultation for a new or established patient, which requires these 3 components: a comprehensive history; a comprehensive examination; and, medical decision-making of moderate complexity	01		21, 31, 32, 51	000/999	01/01/92	2	т				x	x	×	(	х																							5		\$141.90	
	Initial inpatient consultation for a new or established patient, which requires these 3	01		21, 31, 32, 51	000/999	01/01/92	2	т				x	x			x																							5		\$195.63	
99261	Follow-up inpatient consultation for an established patient, which requires at least 2 of	01		21, 31, 32, 51	000/999	01/01/92	2 12/31/0	5 <b>T</b>				x	x	×	(	x																							5		\$22.33	
99262	Follow-up inpatient consultation for an established patient, which requires at least 2 of these 3 components: an expanded problem-focused interval history; an expanded problem-focused examination; and, medical decision-making of moderate complexity	01		21, 31, 32, 51	000/999	01/01/92	2 12/31/0	5 <b>T</b>				x	x	×	c	x																							5		\$45.41	

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			Modifier	Valid Places of Service /Bill Type	Max. Age for Procedure er	Effective Begin Date	bate	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath Habilitation Provider	Level 1 Psych. Hospital	TRBHA/RBHA	Level II B/H Residence (non IMD)	Outpatient Clinic	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency	Abuse Counselor (LISAC)	Therapeutic Foster Care Home	Rural Substance Abuse Transitional Center	Level I Residential Treatment Center- Secure (IMD)	Level I Residential Treatment Center- Non-Secure (non-IMD)	Level I Residential Treatment Center-Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Level I Crisis Services		Ser	ee-for-se negotiate	ervice ra a paym	tes. The F nent higher for-service	, lower or
Codo	Description	cos	Valid	Valid Type	Min./Max. Gender	ffect	End Date	eleme	02	U3 U	4 06	ng.	11	10	10	20 .	21 20	71	1 72	74	77	78	25	96	87	97	۸2	۸3	۸4	۸5	۸۶	<b>B</b> 1	B2	B3	B5	B6	B7	52	63	DBHS Units	Max Units	Non Facility Rate	Facility Rate
99263	Follow-up inpatient consultation for an established patient, which requires at least 2 of 3 components: a detailed interval history; a detailed examination; and, medical decision-making of high complexity	01		21 21 22	000/999		12/31/05		02	03 0	400	x		x	19		х	9 7 1	12			70		00	07	91	AZ .	A3 /	A4 /	<u> </u>	Au	טו	Б			Бо		32	33	5	Oincs	\$67.36	Nate
99271	Confirmatory consultation for a new or established patient, which requires these 3 components: a problem-focused history; a problem-focused examination; and, straightforward medical decision-making for a minor problem. (Approx. 15 minutes)	01		04, 11, 12, 20, 21, 22, 23, 31, 32, 33, 41, 42, 51, 52, 53, 55, 56, 72, 81, 99	000/999	01/01/92	12/31/05	т				x		x	x		x																							2		\$38.80	\$32.82
99272	Confirmatory consultation for a new or established patient, which requires these 3 components: an expanded problem-focused history; an expanded problem-focused examination; and, medical decision-making for a problem of low severity.	01		04, 11, 12, 20, 21, 22, 23, 31, 32, 33, 41, 42, 51, 52, 53, 55, 56, 72, 81, 99	000/999	01/01/92	12/31/05	т				x		x	x		x																							2		\$65.25	\$56.71
99273	Confirmatory consultation for a new or established patient, which requires 3 components: a detailed history: a detailed examination; and, medical decision-making of low complexity for a moderate problem. (Approx. 40 minutes)	01		04, 11, 12, 20, 21, 22, 23, 31, 32, 33, 41, 42, 51, 52, 53, 55, 56, 72, 81, 99	000/999	01/01/92	12/31/05	т				x		x	x		x																							2		\$90.58	\$78.21
99274	Confirmatory consultation for a new or established patient, which requires these 3 components: a comprehensive history; a comprehensive history; a comprehensive history; a comprehensive history; a problem of moderate to high severity, (approx 60 minutes)	01		04, 11, 12, 20, 21, 22, 23, 31, 32, 33, 41, 42, 51, 52, 53, 55, 56, 72, 81, 99	000/999	01/01/92	12/31/05	т				x		x	x		x																							2		\$121.56	\$108.22
99275	Confirmatory consultation for a new or established patient, which requires these 3 components: a comprehensive history, a comprehensive examination; and, medical decision making for a problem of moderate to high severity, (approx 80 minutes)	01		04, 11, 12, 20, 21, 22, 23, 31, 32, 33, 41, 42, 51, 52, 53, 55, 56, 72, 81, 99	000/999	01/01/92	12/31/05	т				x		x	x		x																							2		\$154.81	\$139.33

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			odifier	Valid Places of Service /Bill Type	x. Age for Procedure		Effective Begin Date	Ð	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Laboratory Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath	Habilitation Provider	Level 1 Psych. Hospital	TRBHA/RBHA	Level II B/H Residence (non IMD)	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency	Abuse Counselor (LISAC)	Therapeutic Foster Care Home	Rural Substance Abuse Transitional Center	Level I Residential Treatment Center- Secure (IMD)	Level I Residential Treatment Center- Non-Secure (non-IMD)	Level I Residential Treatment Center-	Non-Secure (IMD) Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Level I Crisis Services	Other	Serv	fee-for-se negotiate	ervice ra e a payn	ates. The	ADHS/DBHS RBHA may er, lower or e rate
		SOS	Valid Modifier	Valid PI Type	Min./Max.	Gender	ffectiv	End Date	elemedi						40	40		0.4			_		_					••				•									DBHS	Max	Non Facility	
99281	Description  Emergency Dept Visit for the evaluation and management of a patient, which requires these three key components: a problem-focused instory; a problem-focused examination; and, straightforward medical decision-making. Presenting problem Minor Prob. 15	01	>		000/999		<b>ш</b>	ш	Ĕ	02	03 0	14 06	x	11	х	x	28	x	39	/1	/2	74	78	85	86	87	97	AZ	A3 /	A4	A5	Аб	В1	В2	В	3 8:	) Bo	87	52	53	Units 3	Units	\$16.68	Rate
99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused manufacture devaluation; and, medical decision-making for a problem of low/moderate	01		22, 23	000/999	c	01/01/92						x		x	x		x																							3		\$27.69	
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: an expanded problem-focused history; an expanded problem-focused examination; and medical decision-making for a problem of moderate severity	01		22, 23	000/999	c	01/01/92						x		x	x		x																							3		\$62.21	
99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: a detailed history; a detailed examination; and, medical decision-making for a high seventy problem. (Approx. 45 minutes)	01		22, 23	000/999	c	01/01/92						x		x	x		x																							3		\$97.12	
99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and, medical decision- making.	01		22, 23	000/999	c	01/01/92						x		x	x		x																							3		\$152.16	

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		soo	Modifier	Valid Places of Service /Bill Type	Min./Max. Age for Procedure	Gender Effective Begin Date	ate	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Emergency Transportation	Physician	Psychologist Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath	Habilitation Provider	Level 1 Psych. Hospital	TRBHA/RBHA	Level II B/H Residence (non IMD)	I treatment center			st	onal Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency Licensed Independent Substance	Abuse Counselor (LISAC) Therapeutic Foster Care Home	Rural Substance Abuse Transitional	Level I Residential Treatment Center-	Secure (IMD) Level I Residential Treatment Center-	Non-Secure (non-IMD)	Non-Secure (IMD)	Subacute Facility	Level I Subacute Facility (IMD)	Level I Crisis Services	Other Tribal Traditional Service Practitioner	These fee-for	-service	rates. T yment h e-for-ser	The RB gher, I	
Carla	Danasimtian.	တ္လ	alid	'alid ype	Min./	Gender	End Date	eleme	02	02 0	4.06	00 4	14 46	40	200	24	20	74	72	74 7	, ,	70	o	06	07 (				4 4		. D	4 6		D2	DE	06 0		6	DBH:	S Max	No Faci	lity	Facility Rate
99301	Evaluation and management of a new or established patient involving an annual nursing facility assessment which requires these 3 key	01		04, 20, 31, 32, 56	000/999		32 12/31/0					x	х			x			12	74 /													1						1		\$66		\$67.36
99302	Evaluation and management of a new or established patient involving an annual nursing facility assessment which requires these 3 key components: a detailed interval history; a comprehensive examination; and, medical decision making for a significant complication or significant complication or significant new problem. (Approx. 40 minutes)	01		04, 20, 31, 32, 56	000/999	01/01/	92 12/31/0	15				x	x	×		x																							1		\$87	.74	\$91.26
99303	Evaluation and management of a new or established patient involving an annual nursing facility assessment at initial admission and requires 3 key components: comprehensive history; a comprehensive history; a comprehensive examination; and, medical decision making of moderate/high complexity.	01		31, 32, 56	000/999	01/01/	92 12/31/0	5				x	x	x		x																							1		\$108	3.19	\$113.10
99304	Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem and the patient's and/or family's needs. Usually the problem(s) requiring admission are of low severity	01		31, 32, 56	000/999	01/01/	06					x	x	x		x																							1		В	२	

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		SOO	Modifier	Valid Places of Service /Bill Type	Min./Max. Age for Procedure Gender	Effective Begin Date	late	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Emergency Transportation	Physician	Psychologist Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath	Habilitation Provider	TRBHA/RBHA	Level II B/H Residence (non IMD)	Outpatient Clinic	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	st	onal Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency Licensed Independent Substance	Abuse Counselor (LISAC) Therapeutic Foster Care Home	Rural Substance Abuse Transitional	Center Level I Residential Treatment Center-	Secure (IMD)	Non-Secure (non-IMD)	Level I Residential Treatment Center- Non-Secure (IMD)	Subacute Facility		Level I Crisis Services	Tribal Traditional Service Practitioner	These a fee-for-s negotiate	ervice ra e a payn	ates. The Finent higher for-service	, lower or
Code	Description	SOO	Valid	Valid Type	Min./Ma	Effect	End Date	Teleme	02	03 04	06 (	08 1	11 18	19	28	31 3	39 7	1 72	2 74	77	78	85	86	87	97	A2 /	13 A	4 A	5 A	6 B	1 E	B2	В3	B5 E	36 E	37 S	32 S3	DBHS Units	Max Units	Non Facility Rate	Facility Rate
99305	Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Usually, the problem(s) requiring admission are of moderate severity.	01		31, 32, 56	000/999	01/01/06						x	x	x		x																						1		BR	
99306	Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: a comprehensive examination; and medical decision making of high complexity. Usually, the problem(s) requiring admission are of high severity	01		31, 32, 56	000/999	01/01/06						x	x	x		x																						1		BR	
99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a problem focused interval history; a problem focused interval history; a problem focused interval history; a traightforward medical decision making. Usually the patient is stable, recovering, or improving.	01		31, 32, 56	000/999	01/01/06						x	x	x		x																						5		BR	
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Usually, the patient is responding inadequately t therapy or has developed a minor complication.	01		31, 32, 56	000/999	01/01/06						x	x	x		x																						5		BR	

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			odifier	Valid Places of Service /Bill Type	x. Age for Procedure		Effective Begin Date	ø,	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Emergency Transportation	Physician	Psychologist	Tiysidali Assistalii	Nurse Practitioner	Non-emergency Transportation	Habilitation Provider	Level 1 Psych. Hospital	TRBHA/RBHA	Level II B/H Residence (non IMD)	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency Licensed Independent Substance	Abuse Counselor (LISAC)	Therapeutic Foster Care Home Rural Substance Abuse Transitional	Center	Secure (IMD)	Level I Residential Treatment Center- Non-Secure (non-IMD)	Level I Residential Treatment Center- Non-Secure (IMD)	Facility	Level I Subacute Facility (IMD)	Level I Crisis Services		Ser	fee-for-se negotiate	ervice ra a paym		
Code	Description	cos	Valid Modifier	/alid Pla ype	Min./Max.	Gender	ffectiv	End Date	elemedi	03				11 1	0 1	10 2	0 2	1 20	71	72	74		0E	96	97	07	A 2	A 2 /		+				D2	DE		-				Max Units	Non Facility Rate	Facility Rate
	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Usually, the patient has developed a significant complication or a significant new problem.			31, 32, 56			<b>ப</b>					400	x			x	3			12		70	83	80	07	97	MZ I	N3 /			40 1		<b>D2</b>	53				32 3		5		BR	Nate
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key comprehensive interval history; a comprehensive examination; medical decision making of high complexity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention.	01		31, 32, 56	000/999	0	01/01/06						x	3	<b>x</b>	x		•																						5		BR	
99311	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least 2 of	01		04, 20, 31, 32, 56	000/999	o	01/01/92	12/31/05	5				x	,	<b>«</b> :	x	2	(																						5		\$34.03	\$36.44
99312	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least 2 of these 3 key components: a problem-focused interval history; a problem-focused examination, medical decision making for a patient who is responding inadequately or minor complication.	01		04, 20, 31, 32, 56	000/999	q	01/01/92	12/31/05	5				x	3	<b>C</b> :	x	3	•																						5		\$56.32	\$58.17

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			Valid Modifier	Valid Places of Service /Bill Type	ax. Age for Procedure	Effective Begin Date	ate	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Emergency Transportation	Physician	Psychologist Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath	Level 1 Psych. Hospital	TRBHA/RBHA	Level II B/H Residence (non IMD)	Outpatient Clinic	Level I residential treatment center Secure (non IMD)	ocial Worker	ist	anal Counselor	Air Transportation	Community Control (not into)	Licensed Independent Substance	Therapeutic Foster Care Home	Rural Substance Abuse Transitional Center	Level I Residential Treatment Center- Secure (IMD)	Level I Residential Treatment Center- Non-Secure (non-IMD)	Level I Residential Treatment Center-	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Level I Crisis Services	Other Tribal Traditional Service Practitioner	These a	service ra e a payr	ates. The F nent higher for-service	, lower or
		cos	alid	alid F ype	Min./Max. Gender	ffecti	End Date	eleme						1.0																-	-	_		_		20 00	DBHS	Max	Non Facility	Facility
99313	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least 2 of	01		04, 20, 31, 32, 56	000/999		12/31/05		02	03 04		x	x			x	9 71	1 /2	2 74		78	85	86	87 5	97   A	.2 A	13 A4	AS	Ab	В1	B2	В	3 8:	86	B7	52 53	Units	Units	\$79.39	\$80.32
99315	Nursing facility discharge day management, 30 minutes or less	01		31, 32, 56, 99	000/999	01/01/98						x	x	x		x																					1		\$61.65	\$64.97
99316	Nursing facility discharge day management, more than 30 minutes.	01		31, 32, 56, 99	000/999	01/01/98						x	x	x		x																					1		\$81.71	\$85.62
99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these three key components: a detailed interval history; a comprehensive examination; and medical decision making that is of low to moderate complexity. Usually, the patient is stable, patient is stable, patient is stable, patient is stable,	01		31, 32, 56, 99	000/999	01/01/06						x	x	x		x																					1		BR	
99321	Domiciliary or rest home visit for the evaluation and management of a new patient which requires these 3 key components: a problem-focused history; a problem-focused examination; and, medical decision-making for a problem of low severity, (Approx 20 minutes)	01		33, 55	000/999	01/01/92	12/31/05	5 Т				x	x	x		x																					1		\$40.81	
99322	Domiciliary or rest home visit for the evaluation and management of a new patient which requires these 3 key components: an expanded problem-focused history; an expanded problem-focused examination; and, medical decision-making for a moderately severe problem.	01		33, 55	000/999	01/01/92	12/31/05	5				x	x	x		x																					1		\$57.47	

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		COS	Modifier	Valid Places of Service /Bill Type	lax. Age for Procedure	Gender Fffertive Begin Date		ate	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath	Level 1 Psych. Hospital	TRBHA/RBHA	MD)	Outpatient Clinic	I treatment center	Social Worker	pist	nselor		Level III B/H residential (non IMD)	Community Service Agency	Licensed Independent Substance Abuse Counselor (LISAC)	Therapeutic Foster Care Home	Rural Substance Abuse Transitional	Level I Residential Treatment Center-	Level I Residential Treatment Center-	Non-Secure (non-IMD) Level I Residential Treatment Center-	Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Level I Crisis Services		Traditional Serv	fee-for-si	ervice r e a payı	ates. The linent higher for-service	
Code	Description	Sos	alid I	/alid I ype	Min./Max.	Gender		End Date	eleme	02	n2 n	4.06	00	11	10	10	20 4	24 2	0 7	1 7	2 7	4 77	7 70		E 04	. 07	07	42	۸2		۸۶	٨٥	D1		2 6	22 6	) E D	6 D	7 8	. 62	DBHS Units			Facility Rate
	Domiciliary or rest home visit for the evaluation and management of a new patient which requires these 3 key components:	01		33, 55	000/999			2/31/05		02	03 0	400	x			x		x	9 1			4 11	100		3 86	0 01	31	AZ	AS	A4	AS	Ad	BI				55   6		7 3.	2 33	1	Units	\$71.07	Rate
99324	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes with the patient an/or family or caregiver.	01		33, 55	000/999	01/0	1/06						x		x	x		x																							1		BR	
99325	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused history;	01		33, 55	000/999	01/0	1/06						x		x	x		x																							1		BR	
99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.	01		33, 55	000/999	01/0	1/06						x		x	x		x																							1		BR	

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			Valid Modifier	Valid Places of Service //Bill Type	Min./Max. Age for Procedure Gender	Effective Begin Date	ate	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Emergency Transportation	Physician	Psychologist	Nirge Practitioner	Non-emergency Transportation	DO-Physician Osteopath	Habilitation Provider	Level 1 Psych. Hospital	тевналена	Level II B/H Residence (non IMD)	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency Licensed Independent Substance	Abuse Counselor (LISAC)	Therapeutic Foster Care Home	Center	Level I Residential Treatment Center- Secure (IMD)	Level I Residential Treatment Center- Non-Secure (non-IMD)	Level I Residential Treatment Center-Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Level I Crisis Services		Sen	fee-for-se	ervice ra a paym	tes. The lent highe or-service	DHS/DBHS RBHA may r, lower or e rate
		cos	alid	alid I ype	Min./Max Gender	ffect	End Date	eleme																							<b>5</b> 4		_						DBHS	Max	Non Facility	Facility
99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive	01	>	33, 55	000/999	01/01/06		F		03 04	4 00	x		( )		x		71	12	74 7	78	83	80	87	97   1	AZ I	43 /	A4 P	CE	Ab	В	В2	B3	B3		<u>                                      </u>	52	53	Units 1	Units	Rate BR	Rate
99328	Domiciliary or rest home visit for the evaluation and management of a a new patient, which requires these three key components: a comprehensive history; a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes with the patient and/or family or caregiver.	01		33, 55	000/999	01/01/06						x	,	· ·		х																							1		BR	
99331	Domiciliary or rest home visit for the evaluation and management of an established patient which requires at least 2 of these 3 key components: a problem-focused interval history; a problem-focused examination; and, medical decision-making for a patient who is stable or improving. (Approx. 15 minutes)	01		33, 55	000/999	01/01/92	12/31/05					x	,	<b>x</b> >	C	x																							1		\$35.90	
99332	Domiciliary or rest home visit for the evaluation and management of an established patient which requires at least 2 of these 3 key components: an expanded problem-focused interval history; an expanded problem-focused examination; and, decision-making for a patient who is responding inadequately or for a minor complication. (Approx. 25 minutes)	01		33, 55	000/999	01/01/92	12/31/05					x	,	( )	•	x																							1		\$45.72	

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		soo	<b>Aodifier</b>	Valid Places of Service /Bill Type	ax. Age for Procedure	Effective Begin Date	ate	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath Habilitation Provider	Level 1 Psych. Hospital	TRBHA/RBHA	Level II B/H Residence (non IMD)	Outpatient Clinic	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency Licensed Independent Substance	Abuse Counselor (LISAC)	Therapeutic Foster Care Home	Center Center Constant Center	Secure (IMD)	Level I Residential Treatment Center- Non-Secure (non-IMD)	Level I Residential Treatment Center Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Level I Crisis Services	Other	The	-for-ser jotiate a	vice ra a paym	tes. The ent high or-service	ADHS/DBHS PRBHA may er, lower or the rate
Code	Description	SOS	/alid N	Valid F Type	Min./Max. Gender	Effecti	End Date	eleme	02	03 0	4 06	. 08	11	18	19 2	28 3	31 30	9 71	72	74	77	78	85	86	87	97	Δ2	Δ3 Δ	Δ Δ	15	Δ6	R1	R2	B3	R5	B6	B7	S2 S		3HS l	Max Units	Non Facilit Rate	y Facility
	Domiciliary or rest home visit for the evaluation and management of an established patient which requires at least 2 of these 3 key components:			33, 55	000/999		12/31/05					x			x		x																							1		\$56.69	
99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination: straightforward medical decision making. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 15 minutes with the patient and/or family or caregiver.	01		33, 55	000/999	01/01/06						x		x	x		x																							1		BR	
99335	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Usually, the presenting problem (s) are of low to moderate severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.			33, 55	000/999	01/01/06						x		x	X		x																							1		BR	
99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed examination; medical decision making of moderate complexity. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes with the patient and/or family or caregiver.	01		33, 55	000/999	01/01/06						x		x	x		x																							1		BR	

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		cos	Modifier	Valid Places of Service /Bill Type	Min./Max. Age for Procedure	Effective Begin Date	ate	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Laboratory Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Prysician Osteoparn Habilitation Provider	Level 1 Psych. Hospital	TRBHA/RBHA	Level II B/H Residence (non IMD)	Outpatient Clinic	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	onal Counselor		Level III B/H residential (non IMD)	Community Service Agency Licensed Independent Substance	Abuse Counselor (LISAC)	Rural Substance Abuse Transitional	Center Level I Residential Treatment Center-	Secure (IMD) Level I Residential Treatment Center-	Non-Secure (non-IMD)	Level I Residential Treatment Center- Non-Secure (IMD)	Subacute Facility	Level I Subacute Facility (IMD)	Level I Crisis Services	Other Tribal Traditional Service Practitioner	These fee-for	r-servi	ice rate paymer	es. The land higher-service	DHS/DBHS RBHA may r, lower or rate
Code	Description	SOS	Valid	Valid F Type	Min./Ma	Effecti	End Date	Teleme	02	03 0	4 06	808	11	18	19 2	8 3	1 39	71	72	74	77	78	85	86	87	97	A2	43 A	4 A	5 A	6 B	1 E	32	В3	B5 F	B6 F	B7 5	S2 S	DBH:	S M		Non Facility Rate	T -
99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; and medical decision making of	01		33, 55	000/999	01/01/06						x			x		x																						1			BR	
99341	Home visit for the evaluation and management of a new patient which requires these 3 key components: a problem-focused history; a problem focused examination; and medical decision-making for a low severity problem. (Approx. 20 minutes)	01		12	000/999	01/01/92	2					x		x	x		x																						1		:	\$58.22	
99342	expanded problem- focused examination; and medical decision-making for a moderately severe problem. (Approx. 35 minutes)	01		12	000/999	01/01/92						x		x	x		x																						1			\$85.82	
99343	Home visit for the evaluation and management of a new patient which requires 3			12	000/999	01/01/92						x		x	x		x																						1		\$	\$125.17	
99344	Home visit for the evaluation and management of a new patient, which requires	01		12, 99	000/999	01/01/98	3					x		x	x		x																						1		3	\$164.14	

																					Pro	vid	er T	уре																	
			Valid Modifier	Valid Places of Service /Bill Type	Min./Max. Age for Procedure Gender	Effective Begin Date	ıte	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Emergency Transportation	Physician	Psychologist	Nirgo Dractitioner	Non-emergency Transportation	DO-Physician Osteopath	Habilitation Provider	Level 1 Psych. Hospital	ТКВНА/КВНА	Level II B/H Residence (non IMD)	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency Licensed Independent Substance	Abuse Counselor (LISAC) Therapeutic Foster Care Home	Rural Substance Abuse Transitional	Level I Residential Treatment Center-	Secure (IMID) Level I Residential Treatment Center-	Non-Secure (non-IMD)	Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Level I Crisis Services		Traditional Serv	fee-for-s negotiate	ervice r	ates. The F nent higher for-service	, lower or
		cos	alid N	Valid F Type	Min./Max Gender	ffecti	End Date	lemed						1	1														1									DBHS	Max	Non Facility	Facility
99345	Home visit for the evaluation and management of a new patient, which requires	01	>	12, 99	000/999	01/01/98	ш	ř	02	03   04	4 06	x	11 1			x		71	72	74	 78	85	86	87	97	A2 F	A3 A	4 A	5 A	5 B1	IB	12	B3 E	35 E	6 B	7 82	2 83	Units 1	Units	\$203.12	Rate
99347	Home visit for the evaluation and management of an established patient, which requires at least 2 of	01		12, 99	000/999	01/01/98						x	,	<b>(</b> )	C	x																						1		\$45.35	
99348	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; and expanded problem focused examination; medical decision making of low complexity.	01		12, 99	000/999	01/01/98						x	,	<b>( )</b>	•	×	ī																					1		\$71.83	
99349	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity.	01		12, 99	000/999	01/01/98						x	,	( )	(	x																						1		\$111.18	
99350	a comprehensive interval history; a comprehensive examination; medical decision making of moderate to high complexity.	01		12, 99	000/999	01/01/98						x	,	<b>(</b> )	<b>C</b>	x																						1		\$164.14	
99354	Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); first hour.	01		04, 11, 20, 22, 23, 72	000/999	01/01/94		Т				х	)	<b>(</b> )	•	x																						1		\$99.06	\$95.01

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		soo	lodifier	Valid Places of Service /Bill Type	ax. Age for Procedure	Effective Begin Date	ıte	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Emergency Transportation	Physician	Psychologist Physician Assistant	Nicoo Drogijosov	Non-emergency Transportation	DO-Physician Osteopath	Habilitation Provider	Level 1 Psych. Hospital	TRBHA/RBHA	Level II B/H Residence (non IMD)	treatment center		orker	st	anal Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency Licensed Independent Substance	Abuse Counselor (LISAC)	Rural Substance Abuse Transitional	Center   Posidential Treatment Center	Secure (IMD)	Level I Residential Treatment Center- Non-Secure (non-IMD)	Level I Residential Treatment Center- Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Level I Crisis Services	Other	e fe	e-for-se egotiate	rvice ra a paym	ates. The F nent higher for-service	
		SO	alid N	alid P ype	Min./Max. Gender	ffecti	End Date	elemed						╁															1.	╁.										DBHS	Max	Non Facility	Facility
99355	Prolonged physician service in the office or other outpatient setting requiring direct (face-to- face) patient contact	01	>	04, 11, 20, 22, 23, 72	000/999	01/01/94		T	UZ	<u> </u>	4 00	х	11 1		y 28	x		71	12	14		10	00	00 8	01	31 )	12 /	no P	4 A	is A	10 1	01	DZ	<b>53</b>	<b>D</b> 3	90	D/	32 3	3	Units 6	JIIITS	<b>Rate</b> \$97.91	\$93.99
99356	Prolonged physician services in the inpatient setting, requiring direct (face-to-face) patient contact beyond the usual service (eg, maternal fetal monitoring for high risk delivery or other physiological monitoring, prolonged care of an acutely ill inpatient); first hour.	01		21	000/999	01/01/94						x	)		x	x																								1		\$90.78	
99357	Prolonged physician services in the inpatient setting, requiring direct (face-to-face) patient contact beyond the usual service (eg, maternal fetal monitoring for high risk delivery or other physiological monitoring, prolonged care of an acutely ill inpatient); each additional 30 minutes.	01		21	000/999	01/01/94						x	<b>X</b>		x	x																								6		\$91.56	
	Prolonged evaluation and management service management service (face-to-face) patient care (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); first hour.	01		04, 11, 20, 21, 22, 23, 72	000/999	01/01/94		Т				x	,	( )	x	x																	•							1		BR	
99359	Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); each additional 30 minutes.	01		04, 11, 20, 21, 22, 23, 72	000/999	01/01/94		т				x	)	( )	x	x																								6		BR	
99361	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient not present); approximately 30 minutes	01		04, 11, 20, 21, 22, 31, 51, 99	000/999	01/01/92	09/30/03	3 T				x	x >	( )	x	x							x	x	x															1		\$41.00	

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			Valid Modifier	Valid Places of Service /Bill Type	ax. Age for Procedure	Effective Begin Date	te	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	DO-Physician Osteonath	Habilitation Provider	Level 1 Psych. Hospital	TRBHA/RBHA	Level II B/H Residence (non IMD)	Level I residential treatment center	Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IIMD)	Community Service Agency Licensed Independent Substance	Abuse Counselor (LISAC) Therapeutic Foster Care Home	Rural Substance Abuse Transitional	Level I Residential Treatment Center-Secure (IMD)	Level I Residential Treatment Center-	Non-Secure (non-IMD)  Level I Residential Treatment Center-	Non-Secure (IMD)	Level I Subacute Facility (IMD)	Crisis Services	Other	Traditional Serv	fee-for-se negotiate	ervice ra e a payn	ates. The finent higher for-service	, lower or rate
0.1.	<b>D</b>	SOS	alid N	alid P ype	Min./Max. Gender	ffectiv	End Date	elemed	00	00 0	4.00	00						74	70	74 7	_		05	00								_			_	C D-	, ,		DBHS	Max	Non Facility	Facility
99361	Medical conference by a physician with interdisciplinary team of health professionals or representatives of	01		04, 11, 20, 21, 22, 31, 51, 99	000/999	10/01/03		Т	02	03 0	4 00				x	8 3		/1	12	14 /	1		00 (	00 8	57   9	71   A	NZ F	NO A	+ A:	A	0 01	В	2   6	53 E	000	0 0 /	32	33	Units 1	Units	\$41.00	Rate
99362	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient not present); approximately 60 minutes	01		04, 11, 20, 21, 22, 31, 51, 99	000/999	01/01/92	09/30/03	т				x	x	x	x	x							x	x :	x														1		\$90.00	
99362	Medical conference by a physician with interdisciplinary team of health professionals or	01		04, 11, 20, 21, 22, 31, 51, 99	000/999	10/01/03		т				x	x	x	x	х																							1		\$90.00	
99371	Telephone call by a physician or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, social workers, sutritionists, physicians, pharmacists); simple or brief (eg, to report on tests and/or laboratory results, to clarify or alter previous instructions, to integrate new information from other health professionals into the medical treatment plan, or to adjust therapy.	01		04, 11, 12, 20	000/999	03/01/95	09/30/03					x	x	x	x	x							x	x	x														1		BR	
99371	Telephone call by a physician or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); simple or brief (eg, to report on tests and/or laboratory results, to clarify or after previous instructions, to integrate new information from other health professionals into the medical treatment plan, or to adjust therapy.	01		04, 11, 12, 20	000/999	10/01/03						x	x	x	x	х																							1		BR	

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			Valid Modifier	Valid Places of Service /Bill Type	Min./Max. Age for Procedure	Gender Effective Bogin Date	e Degili Date		Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	DO-Physician Osteopath	Habilitation Provider	Level 1 Psych. Hospital	TRBHA/RBHA	Level II B/H Residence (non IMD)	Outpatient Clinic	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency	Licensed independent Substance Abuse Counselor (LISAC)	Therapeutic Foster Care Home	Rural Substance Abuse Transitional Center	Level I Residential Treatment Center- Secure (IMD)	Level I Residential Treatment Center- Non-Secure (non-IMD)	Level I Residential Treatment Center-Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Level I Crisis Services		Ser	ee-for-se negotiate	ervice ra e a payn	ites. The	DHS/DBHS RBHA may r, lower or rate
		SOS	alid Me	Valid PI Type	in./Ma	Gender		End Date	lemedi																																DBHS	Max	Non Facility	
99372	Description  Telephone call, intermediate (eg, to provide advice to an established patient on a new problem, to initiate therapy that can be handled by telephone, to discuss test results in detail, to coordinate medical management of a new problem in an established patient, to discuss and evaluate new information and details, or to initiate new plan of care)	01		04 44 42	000/999			09/30/03	F !	υ <u>ν</u> (	J-3 U-4	+ 00				x	x		7 / 1	12	14		10	x			31	AZ	AS	M4 /	MO	AO	ВІ	BZ	<b>D3</b>	DS	, D0		32	33	Units 1	Units	Rate BR	Rate
99372	Telephone call, intermediate (eg, to provide advice to an established patient on a new problem, to initiate therapy that can be handled by telephone, to	01		04, 11, 12, 20	000/999	10/0	11/03						x	x	x	x	x																								1		BR	
99373	Telephone call, complex or lengthy (eg, lengthy counseling session with anxious or distraught patient, detailed or prolonged discussion with family members regarding seriously ill patient, lengthy communication necessary to coordinate complex services of several different health professionals working on different appects of the total patient care.	01		04, 11, 12, 20	000/999	03/0	1/95	09/30/03					x	x	x	x	x							x	x	x															1		BR	
99373	Telephone call, complex or lengthy (eg, lengthy counseling session with anxious or distraught patient, detailed or prolonged discussion with family members regarding seriously ill patient, lengthy communication necessary to coordinate complex services of several different health professionals working on different aspects of the lotal patient care.	01		20	000/999	10/0	11/03						x	x	x	x	x																								1		BR	
99499	Unlisted evaluation and management service	01		04, 11, 12, 20, 21, 22, 23, 31, 32, 33, 55, 56, 72, 99	000/999	01/0	1/92						x		х	x	x																								1		BR	
A0090	Non-emergency transportation, per mile, vehicle provided by individual (family, neighbor, etc.) with vested interest	31			000/999	03/0	1/89					x				)	C	x		x		x	x						x				x	x	x	x	x	x			999		\$0.10	

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		soo	odifier	Valid Places of Service /Bill Type	x. Age for Procedure	Effective Begin Date	Φ	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Emergency Transportation	Physician	Psychologist Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath	Habilitation Provider	Level 1 Psych. Hospital	TRBHA/RBHA	Level II B/H Residence (non IMD) Outpatient Clinic	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency Licensed Independent Substance	Abuse Counselor (LISAC) Therapeutic Foster Care Home	Rural Substance Abuse Transitional	Level I Residential Treatment Center- Secure (IMD)	Level I Residential Treatment Center-	Level I Residential Treatment Center-	Non-Secure (IMD) Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Crisis Services		fee-fo	r-service ate a pay	AHCCCS/ AE rates. The R ment higher, -for-service I	BHA may lower or
		_	β	9 P	Min./Max. Gender	ctive	End Date	nedic	Ē					F	Ē			-				F			1	1		1	F			Ŧ		Ī	Ē	Ť			Curren	nt Rate
Code	Description	ő	Vali	Valid Type	Min.	Effe	End	Tele	02	03 0	4 06	08 1	11 18	19	28	31	39	71	72	74 77	78	85	5 86	87	97	A2 /	43 A	4 A	5 A6	B1	B2	В:	3 B	5 B6	B7	S2 5	DBH Unit		Facility Rate	Facility Rate
A0100	Non omorgonou transport:	31		99	000/999	03/01/89		N			х				х		х		х	х							x		х								5		\$1.10	
A0110	Non-emergency transport via intra- or interstate carrier	31		99	000/999	03/01/89		N			x				х		x		х	х							x		х								2		BR	
A0120	Non-emergency transportation: mini-bus, mountain area transports	31		99	000/999	03/01/89		N	x		x				x		x	x	x	х	х						x		x	х	x	x	x	x	х		5		\$7.02	
A0120	Non-emergency transportation: mini-bus, mountain area transports	31	TN	99	000/999	03/01/89		N	х		x				x		х	x	х	х	х						x		x	х	x	х	x	x	х		5		\$7.69	
A0130	Non-emergency transport; wheel-chair van., base rate	31		99	000/999	10/01/82					x				х		х		х	х							x		х	х	х	х					5		\$11.80	
A0130	Non-emergency transport; wheel-chair van., base rate	31	TN	99	000/999	10/01/82			х		x				х		х		х	х							x		х	х	х	х					5		\$9.85	
A0140	Non-emergency transport; and air travel (private or commercial) intra or interstate	31		41, 42, 99	000/999	03/01/89									x		x		x	x					x	x	x		x								2		\$250.85	
A0160	Non-emergency transport; mile - case worker or social worker	31		41, 42, 99	000/999	03/01/89					x				x		х		х	x							x >		х								999		\$0.35	
A0170	Non-emergency transport: ancillary services-parking fees, tolls, other	31		41, 42, 99	000/999	10/01/82					x				x		x		x	x							x		x								1		BR	
A0180	Non-emergency transport: ancillary services-lodging- recipient	31		41, 42, 99	000/999	03/01/89					x				x		х		х	x							x		x								1		BR	
A0190	recipient	31		41, 42, 99	000/999	10/01/82					x				x		х		х	х							х		x							Ц	3		BR	
A0200	Non-emergency transport: ancillary services-lodging - escort	31		41, 42, 99	000/999	03/01/89					x				x		х		x	x		L					x		x					L		Ш	1		BR	
	Non-emergency transport: ancillary services-meals- escort	31		41, 42, 99	000/999	10/01/82					x				x		х		х	x							x		x								3		BR	
A0382	BLS routine disposable supplies ALS routine disposable	14		41, 42	000/999	01/01/95					X	_	-	-	<u> </u>				-			┡	-		4				-	ļ		-		$\perp$	-	$\vdash$	1		BR	
A0398	supplies Ambulance waiting time	14		41, 42	000/999	01/01/95			1		X	+	-	-	-		-	-	+		<u> </u>	-	-		-	+	-		+	-		-	+	+		$\vdash$	1	-	BR	
	(ALS or BLS), 1/2 hour increments	14		41, 42	000/999	01/01/95					x	-			_				-						-				-							$\vdash$	6		BR	
A0422	oxygen and oxygen supplies, life sustaining situation	14		41, 42	000/999	01/01/95					x																										1		BR	
A0425	Ground mileage, per mile	14		41,42, 99	000/999	01/01/01		N			X				_					х					_											$\perp$	999		\$5.34	
A0426	1 (ALS 1)	31		41, 42, 99	000/999	01/01/01					x																										5		\$338.21	
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1- emergency)	14		41, 42, 99	000/999	01/01/01					x																										5		\$338.21	
A0428	Ambulance service; basic life support base rate, non- emergency transport (BLS)	31		41, 42, 99	000/999	01/01/01		N			x																										4		\$262.01	
A0429	Ambulance service; basic	14		41, 42, 99	000/999	01/01/01					x																										5		\$262.01	

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			Valid Modifier	Valid Places of Service /Bill Type	ax. Age for Procedure	Effective Begin Date	ıte	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Emergency Transportation	Physician	Psychologist Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath	Habilitation Provider	TERHA/PRHA	l evel II B/H Residence (non IMD)	Outpatient Clinic	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency Licensed Independent Substance	Abuse Counselor (LISAC) Therapeutic Foster Care Home	Rural Substance Abuse Transitional	Center Level I Residential Treatment Center-	Secure (IMD)	Non-Secure (non-IMD)	Level I Kesidential I reatment Center- Non-Secure (IMD)	Subacute Facility	Level I Subacute Facility (IMD)	Level I Crisis Services	Tribal Traditional Service Practitioner	These a fee-for-	service r te a payr	ates. The ment highe for-service	rate
		SOS	alid N	Valid P Type	Min./Max. Gender	ffectiv	End Date	lemed																										1	t	+		DBHS		Non Facility	
Code	Description Ambulance service,	Ö	Š	> ←	≥ ७	Ш	ū	P	02	03 04	106	08 1	1 18	19	28	31 3	39 7	1 7	2 7	4 77	78	85	86	87	97	A2 /	43 A	4 A	5 A	6 B	1 E	32	B3	B5 E	36 E	37∣S	2 S3	Units	Units	Rate	Rate
A0430	wing)	14		42, 99	000/999	01/01/01																			х													5		\$1,081.10	0
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	14		42, 99	000/999	01/01/01																			x													5		\$1,081.10	
A0434	Specialty care transport (SCT)	14		41, 42, 99	000/999	01/01/01					х																											1		BR	
A0435	Fixed wing air mileage, per statute mile	14		42, 99	000/999	01/01/01																			х													999		\$8.82	
A0436	Rotary wing air mileage, per statute mile	14		42, 99	000/999	01/01/01													$oxed{\Box}$						х				$\perp$					$oxed{J}$		$oxed{\Box}$		999		\$19.43	
A0888	Non-covered ambulance mileage, per mile (E.G. for miles traveled)	14		41, 42	000/999	10/01/95					x														х													999		\$8.82	
	Unlisted ambulance service . Determine if an alternative national HCPCS level II code or CPT code better describes the service. This code should be used only if a more specific code is unavailable.	31		41, 42, 99	000/999	01/01/01					x				x			)	<b>(</b>	x					x	x	x											1		BR	
G0001	Routine venipuncture or finger/heel/ear stick for collection of specimen(s)	01		11, 12, 21, 22, 23, 31, 32, 33, 71, 72, 81, 99	000/999	01/01/94	12/31/04			x		x	x	x		x																						5		\$3.00	
H0001	Alcohol and/or drug assessment	47		99	000/999	07/01/04																Ī					)	(						T	T	T		999		BR	
H0002	Behavioral health screening to determine eligibility for admission	47		04, 11, 12, 20, 22, 23, 50, 53, 71, 72, 99	000/999	10/01/03		т										)	(	x		x	x	х			)	(	x									4		\$18.00	
H0004	Home, individual behavioral health counseling and therapy, per 15 minutes	47		12, 31, 32, 33, 99	000/999	10/01/03														x		x	x	x			,	(										24		\$26.00	
H0004	Out of office, family behavioral health counseling and therapy with client present, per 15 minutes		HR	12, 99	000/999	10/01/03														x		x	x	x			,	(										24		\$32.50	
H0004	Out of office, family behavioral health counseling and therapy without client present, per 15 minutes	47	HS	12, 99	000/999	10/01/03														x		x	x	x			)	(										24		\$32.50	
H0004	Office, individual behavioral health counseling and therapy, per 15 minutes	47		04, 11, 20, 22, 50, 53, 72	000/999	10/01/03		т												x		x	x	x			)	(										16	32	\$22.50	
H0004	Office, family behavioral health counseling and therapy with client present, per 15 minutes	47	HR	04, 11, 20, 22, 50, 53, 72	000/999	10/01/03		т												x		x	x	x			)	(										10		\$23.50	
H0004	Office, family behavioral health counseling and therapy without client present, per 15 minutes	47	HS	04, 11, 20, 22, 50, 53, 72	000/999	10/01/03		т												x		x	х	x			,											- 16		\$23.50	
H0004	Office, group behavioral health counseling and therapy, per 15 minutes	47	HQ	11, 22, 31, 32, 33, 50, 53, 72, 99	000/999	10/01/03														х		x	х	х			,	(										16		\$6.50	
H0018	Behavioral health short- term residential, without room and board	47		99	000/999	10/01/03													×	(																		1		\$163.00	
H0019	Behavioral health long- term residential (non- medical, Non-acute), without room and board	47		99	000/999	10/01/03																				x												1		\$137.00	

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			Valid Modifier	Valid Places of Service /Bill Type	Min./Max. Age for Procedure	r ve Begin Date	Date	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy Laboratory	Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	Habilitation Provider	Level 1 Psych. Hospital	TRBHA/RBHA	Level II B/H Residence (non IMD)	Outpatient Clinic	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III 5/11 residential (non livid)	Community Service Agency Licensed Independent Substance	Therapeutic Foster Care Home	Rural Substance Abuse Transitional Center	Level I Residential Treatment Center- Secure (IMD)	Level I Residential Treatment Center- Non-Secure (non-IMD)	Level I Residential Treatment Center-Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Facility	Level I Crisis Services	Other		fee-for- negotia	service te a pay	rates. Th ment high -for-servi	ADHS/DBHS e RBHA may ner, lower or ce rate
Code		cos	Valid N	Valid P Type	Min./M	Gender Effective l	End Da	Telemed	02	03 04	106	08 1	1 1	8 1	9 2	28 3	1 39	9 71	1 72	74	77	78	85	86	87	97 A	2 /	A3 A4	I A5	A6	B1	B2	Вз	B5	B6	B7	S2	<b>S</b> 3	DBHS Units	Max Units	Non Facilit	y Facility
H0020	Alcohol and/or drug services; methadone administration and/or service	01	HG	04, 11, 20, 22, 23, 50, 53, 71, 72, 99	000/999	10/01	/03					x	:	x :	x	х	:																						1		\$3.15	
	Behavioral health prevention/promotion education service (services to target population to affect knowledge, attitude and/or behavior)	47		04, 11, 12, 20, 50, 53, 71, 72, 99	000/999	10/01	/03												x		x		x	х	x			x x		x									16		\$6.00	
H0031	Mental health assessment, by non- physician 30 minute increments	47		04, 11, 12, 20, 22, 23, 50, 53, 71, 72, 99	000/000	10/01	/03	т											х		х		x	x	x					x									10		\$42.0	)
H0034	(Health promotion) medication training and support, per 15 minutes	47		04, 11, 12, 20, 50, 53, 71, 72, 99	000/999	10/01	/03	т											х		х		x	x	х			х		x									32		\$3.50	
H0036	Community psychiatric supportive treatment day program, face-to-face, per 15 minutes	47		53, 72, 99	000/999	10/01	/03														x																		23		\$5.50	
H0036	Community psychiatric supportive treatment medical day program, face-to-face, per 15 minutes	47	TF	53, 72, 99	000/999	10/01	/03														x																		23	23	\$6.13	
H0036	Home community psychiatric supportive medical treatment face-to- face, per 15 minutes Home community	47		12	000/999	10/01	/03														x																		23	23	BR	
H0036	psychiatric supportive medical treatment face-to- face, per 15 minutes	47	TF	12	000/999	10/01	/03														х																		23		BR	
H0037	Community psychiatric supportive treatment medical day program, per diem	47		53, 72, 99	000/999	10/01	/03														x																		1		\$131.5	0
H0037	Home community psychiatric supportive medical treatment program, per diem	47		12	000/999	10/01	/03														x																		1		BR	
H0038	Self-help/peer services (peer support), per 15 minutes	47		04, 11, 12, 20, 23, 50, 53, 71, 72, 99	000/999	10/01	/03												x		x							x		x									11	-	\$5.50	
H0038	Self-help/peer services group, per 15 minutes	47	HQ	04, 11, 12, 20, 23, 50, 53, 71, 72, 99	000/999	10/01	/03												x		х							x		x									16	27	\$2.00	
H2010	Comprehensive medication services, per 15 minutes	01	HG	04, 11, 20, 50, 53, 72, 99	000/999	10/01	/03					х	1	x :	x	х																							1		\$11.0	)
H2011	Crisis intervention service, per 15 minutes	47		04, 11, 12, 20, 23, 50, 53, 71, 72, 99	000/999	10/01	/03	N										x			x													x	x	x			32	40	\$27.0	)
H2011	Crisis intervention service via 2 person team, per 15 minutes	47	нт	04, 11, 12, 20, 23, 50, 53, 71, 72, 99	000/000	10/01	/03	N										х			x													x	x	х			40	40	\$34.5	)
	hour up to 5 hours	47		53, 71, 72, 99	000/998	10/01	/03												х		х							x											5		\$10.1	3
H2014	Skills training and development, per 15 minutes Group skills training and	47		04, 11, 12, 20, 50, 53, 71, 72, 99	000/999	10/01	/03										х		х		x		x	x	x			х		x									32	32	\$10.0	)
H2014	development, per 15 minutes per person Comprehensive	47	HQ	04, 11, 12, 20, 50, 53, 71, 72, 99	000/999	10/01	/03							1			x		x		х		x	х	х			x		x				_					16		\$2.00	
H2015	community support services, supervised day program per 15 minutes, 6-10 hours	47		53, 71, 72, 99	000/999	10/01	/03												x		x							x											40		\$2.73	

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			Valid Modifier	Valid Places of Service /Bill Type	Min./Max. Age for Procedure Gender	Effective Begin Date	Φ.	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Emergency Transportation	Physician	Psychologist	Nirse Practitioner	Non-emergency Transportation	DO-Physician Osteopath	Habilitation Provider	Level 1 Psych. Hospital	TRBHA/RBHA	Level II B/H Residence (non IMD) Outpatient Clinic	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency	Licensed Independent Substance Abuse Counselor (LISAC)	Therapeutic Foster Care Home	Rural Substance Abuse Transitional Center	Level I Residential Treatment Center- Secure (IMD)	Level I Residential Treatment Center- Non-Secure (non-IMD)	Level I Residential Treatment Center- Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Level I Crisis Services	Other Tribal Traditional Service Dractitioner	These fee-fo	r-servic		The RB igher, lo	HS/DBHS BHA may ower or ite
		<b>"</b>	Μp	d P	Min./Ma Gender	ctiv	End Date	medi						-	-							H														H				No		
Code		SOS	Vali	Valid Type	Min Ger	Effe	E E	Tele	02	03 0	4 06	08	11 1	8 1	9 2	8 31	39	71	72	74 77	78	85	86	87	97	A2	А3	A4	A5	Α6	В1	B2	вз	В5	В6	В7	S2 S	DBF 3 Unit				Facility Rate
H2016	Comprehensive community support services (peer support), per diem Psychosocial	47		04, 11, 12, 20, 50, 53, 71, 72, 99	000/999	10/01/03													х	х							x			х								1		\$23	4.00	
H2017	rehabilitation living skills training services, per 15 minutes	47		04, 11, 12, 20, 50, 53, 71, 72, 99	000/999	10/01/03											х		х	x		x	x	х			x			х								96		\$10	.00	
H2019	hours	47		53, 71, 72, 99	000/999	10/01/03														х																		23		\$4	25	
H2019	hours	47	TF	53, 71, 72, 99	000/999	10/01/03														x																		23	23	\$4	74	
H2019	Home therapeutic behavioral services day program, per 15 minutes up to 5 3/4 hours	47	TF	12	000/999	10/01/03														x																		23		В	R	
H2020	Therapeutic behavioral services, per diem	47		53, 71, 72, 99	000/999	10/01/03														х																		1		\$10	3.00	
H2020	Home therapeutic behavioral health day services, per diem	47		12	000/999	10/01/03														x																		1		В	R	
H2025	Ongoing support to maintain employment, per 15 minutes	47		04, 11, 12, 20, 50, 53, 71, 72, 99	000/999	10/01/03													х	х		x	x	x			x	x		х								32		\$6	50	
H2026	Ongoing support to maintain employment, per diem	47		04, 11, 12, 20, 50, 53, 71, 72, 99	000/999	10/01/03													х	x		x	x	x			x	x		x								1		\$15	6.00	
H2027	Psychoeducational service (pre-job training and development), per 15 minutes	47		04, 11, 12, 20, 50, 53, 71, 72, 99	000/999	10/01/03													x	х		x	x	х			x	x		x								32		\$8	00	
J0515	Injection, Benztropine Mesylate, per 1mg	01		04, 11, 12, 20, 22, 23, 31, 32, 33, 51, 52, 53, 55, 56, 71, 72, 99	00/110	10/01/92			x			x	,	( )	(	x				x																		4		\$3	39	
J1200	Injection, Diphenhydramine HCL, up to 50 mg	01		04, 11, 12, 20, 22, 23, 31, 32, 33, 51, 52, 53, 55, 56, 71, 72, 99	00/110	10/01/92	07/31/05	5	x			x	)	( )	(	x				x																		10		\$0	58	
J1200	Injection, Diphenhydramine HCL, up to 50 mg	01		04, 11, 12, 20, 22, 23, 31, 32, 33, 51, 52, 53, 55, 56, 71, 72, 99	00/110	08/01/05			x			x	,	( )	(	х				x																		10		\$0	88	
J1630	Injection, Haloperidol, up to 5 mg	01		04, 11, 12, 20, 22, 23, 31, 32, 33, 51, 52, 53, 55, 56, 71, 72, 99	00/110	10/01/92			x			x	)	( )	(	x				x																		7		\$2	98	
J1631	Injection, halopridol decanoate, per 50 mg.	01		04, 11, 12, 20, 22, 23, 31, 32, 51, 52, 53, 55, 56, 71, 72, 99	00/110	10/01/92			x			x	)	( )	(	x				x																		6		\$5	06	
J2680	Injection, fluphenazine decanoate, up to 25 mg.	01		04, 11, 12, 20, 22, 23, 31, 32, 33, 51, 52, 53, 55, 56, 71, 72, 99	00/110	10/01/92			x			x	)	( )		x				x																		4		\$1	29	
J2794	Risperidone Injection, long lasting 0.5 MG	01		11, 22, 31, 32, 33, 50, 72, 99	000/999	01/01/05			х			х	)	( )	(	х				х																		150	)	\$4	63	

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			Valid Modifier	Valid Places of Service /Bill Type	ax. Age for Procedure	Effective Begin Date	ıte	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath	Level 1 Psych. Hospital	TRBHA/RBHA	Level II B/H Residence (non IMD)	Outpatient Clinic	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IMD)	Licensed Independent Substance	Therapeutic Foster Care Home	Rural Substance Abuse Transitional	Level I Residential Treatment Center-	Level I Residential Treatment Center-	Non-Secure (non-IMD) Level I Residential Treatment Center-	Non-Secure (IMD)	Subacute Facility	Level I Subacute Facility (IMD)	Level I Crisis Services	Other Tribal Traditional Service Practitioner	The:	for-ser otiate a	vice ra a paym	ites. The finent higher for-service	rate
		တ	2 ≥	e e	Min./Max. Gender	ecti	End Date	med							-	+			-			-				+		-							+	+	+		+			Non	nt Rate
Code	Description	ပ္ပ	Val		Ge Ri	ĒĘ	Ë	Tele	02	03 0	4 06	80	11	18	19	28	31 3	9 71	72	2 74	77	78	85	86	87 9	97 A	12 A	3 A	1 A5	A6	B1	В	2 E	33 E	35 E	36 E	37 5	S2 S			Max Units	Facility Rate	Facility Rate
J3410	Injection Hydroxyzine	01		04, 11, 12, 20, 22, 23, 31, 32, 33, 51, 52, 53, 55, 56, 71, 72, 99	00/110	10/01/92	!		x			x		x	x		x				x																		1	2		\$0.27	
S0163	Risperidone Injection, long lasting 12.5 MG	01		04, 11, 20, 22, 31, 32, 33, 71, 72	000/999	04/01/04	12/31/04		х			х		х	x		x				х																		6	6	6	\$117.98	
S0209	Wheelchair van mileage, per mile	31	TN	99	000/999	10/01/03			х		х					х	>	x	х		Х	Х					2	(		х	х	х	(	x					99	99		\$1.45	
S0209	per mile	31		99	000/999	10/01/03			х		х					х	>	x	х		х	х				$\Box$		(		х	х	х	(	х	$oxed{J}$	$\prod$	I		99	99		\$1.35	
S0215	Non-emergency transportation mileage, per mile	31		99	000/999	10/01/03		N	х		х					х	×	x	х		х	х					3	(		х	х	х	(	x	x	х	х		99	99		\$1.12	
S0215	Non-emergency transportation mileage, per mile	31	TN	99	000/999	10/01/03		N	х		x					x	×	x	х		x	x					2	(		x	х	х	(	x	x	х	x		99	99		\$1.34	
S5110	Home care training, family (family support), per 15 minutes	47		04, 11, 12, 20, 50, 53, 71, 72, 99	000/999	10/01/03											>	:	х		x		х	x	х		3	κ x		x									3	2		\$10.50	
S5140	Foster care adult, per diem	35		12, 99	000/999	10/01/03																							X										1	1		\$68.00	
S5145	Foster care child, per diem	47		12, 99	000/999	10/01/03																							х											1		\$68.00	
S5150	nospice, per 15 minutes	26		12, 99	000/999	10/01/03											x	:	х	x	x						x 2	(	x										4	8		\$4.00	
S5151	Unskilled respite care, not hospice, per diem	26		12, 99	000/999	10/01/03											Х		x	х	х					;	x 2	(	х										1	1		\$205.00	
S9484	Crisis intervention mental health service, per hour	47		21, 51, 99	000/999	10/01/03		N	х									x																	x	x	x			5		\$53.00	
S9485	nealth services, per diem	47		21, 51, 99	000/999	10/01/03		N	х									х																	x	x	x			1		\$294.50	
T1002	RN services, up to 15 minutes	01		04, 11, 12, 20, 33, 99	000/999	10/01/03															Х									х									1	2	32	\$17.00	
T1003	LPN Services, up to 15 minutes	01		04, 11, 12, 20, 33, 99	000/999	10/01/03															х									х									1	2	32	\$13.35	
T1016	Office case management	47	но	04, 11, 20,	000/999	10/01/03		В											x		x		x	x	x			x														\$22.50	
T1016	Out of office case management by behavioral health professional, each 15 minutes	47	НО	99	000/999	10/01/03		N											x		x		x	x	x			x											4	8	48	\$26.00	
T1016	each 15 minutes	47	HN	04, 11, 20, 50, 53, 71, 72	000/999	10/01/03		В											х		х																					\$8.00	
T1016	Out of office case management by BHT, each 15 minutes	47	HN	12, 22, 23, 99	000/999	10/01/03		N											х		x	-																				\$11.50	
T1019	care facilities	39		04, 11, 12, 20, 50, 53, 71, 72, 99		10/01/03			x								>		x		x						3	(		x					1				4	7		\$5.34	
T1020	Personal care services, per diem (not for inpatient or residential care)	39		04, 11, 12, 20, 50, 53, 71, 72, 99	000/999	01/01/03											>		х		х						)	(		x									1	1		\$234.00	
T2003	Non-emergency transportation; encounter/trip	31		99	000/999	10/01/03										х										х														5		\$48.61	
T2005	Non-emergency transportation, non- ambulatory stretcher van Non-emergency	31	TN	99	000/999	10/01/03			х		x					x		х	х		x						,	(		х	х	X	(	x	1	$\downarrow$				5		\$91.75	
T2005	transportation; non- ambulatory stretcher van	31		99	000/999	10/01/03			x		x					x		x	x		x	X					)	<b>(</b>		x	x	x	(	x						5		\$51.95	

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			Valid Modifier Valid Places of Service /Bill		Min./Max. Age for Procedure	Gender Effective Begin Date	Date	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	Habilitation Provider	Level 1 Psych. Hospital	TRBHA/RBHA	Level II B/H Residence (non IMD)	Outpatient Clinic	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Level III B/H residential (non IMD)	Community Service Agency	Abuse Counselor (LISAC)	Therapeutic Foster Care Home	Rural Substance Abuse Transitional Center	Level I Residential Treatment Center- Secure (IMD)	Level I Residential Treatment Center- Non-Secure (non-IMD)	Level I Residential Treatment Center- Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Level I Crisis Services		Ser	These are the a ee-for-service negotiate a pay aqual to the fee	rates. Ti rment hig e-for-serv	her, lower or
Code		SOS	Valid I	lype	Min./M	Effectiv	End Da	Teleme	02	03 04	06	08 1	1 1	8 1	9 2	28 3	1 3	9 7	1 72	74	77	78	85	86	87 9	7 A2	. A3	A4 .	A5	<b>A6</b>	B1	В2	В3	В5	В6	в7 5	52 \$	S3	DBHS Max Units Units	Nor Facil	ity Facility
T2007	Transportation waiting time, air ambulance and non-emergency vehicle	31	99	0	00/999	10/01/03									İ	х	×	(	x		х	X					x			x	x	X	х					i	6	\$4.8	5
T2049	Non emergency transport, stretcher van	31	99	0	00/999	07/01/04			х		х			1	T	х			х																	1			999	\$1.3	5
W2100	Psychotropic medication, adjustment and monitoring (15 min.)	47	11, 12, 33, 50, 71, 72,	53, 0 , 99	00/999	10/01/90	10/01/03														х									х									12	\$17.0	)0
W2101	Methadone/LAAM administration (single dose one per day)	01	11, 22, 53, 71, 99	72, 0	00/999	10/01/98	10/01/03					х	,	x	x	)	(																						1	\$11.0	10
W2102	Methadone/LAAM administration (take home one dose per day)	01	11, 22, 50, 53, 72	71, 0	00/999	10/01/98	10/01/03					х	,	x	x	)	(																						1	\$2.5	2
W2151	In-home individual therapy/counseling	47	12, 9	9 0	00/999	10/01/90	10/01/03							_	1						Х					$\perp$										_			24	\$20.0	10
W2152	In-home family therapy/counseling(15 min.) Office/clinic therapy and	47	12, 9		00/999	10/01/92	10/01/03								1			1			х																		24	\$23.0	10
W2300	counseling-individual (15 min.) Office/clinic therapy and	47	11, 22, 53, 71,	, 72	00/999	10/01/90	10/01/03	т	x					1	1						х								_							4			16	\$18.0	10
W2350	counseling-family(15 min.) Office/clinic therapy and	47	11, 22, 53, 71, 11, 22,	, 72	00/999	10/01/90	10/01/03	т	x					1							х															4			16	\$18.5	iO
W2351	counseling-group (per member)(15 min.)	47	50, 53, 72 11, 12,	71, 0	00/999	10/01/90	10/01/03														х																		16	\$6.0	)
W4001	Assessment general(30 min.)	47	23, 34, 53, 54, 71, 72,	50, 62, 99	00/999	10/03/01	10/01/03	т											х		x									х									10	\$29.	iO
W4002	Assessment rehabilitative employment support (30 min.)	47	50, 53, 62, 71, 99	54, 72,	00/999	10/03/01	10/01/03												х		х						x	į											10	\$33.	iO
W4003	Screening(15 min.)	47	11, 12, 23, 34, 53, 54, 71, 7	50, 62, 2	00/999	10/03/01	10/01/03	т	x										х		x									х									4	\$9.0	)
W4005	Assessment comprehensive(30 min.)	47	11,12, 23, 34, 53, 54, 71, 72	50, 62, 99	00/999	10/03/01	10/01/03	т											х		х																		10	\$42.0	10
W4006	Living skills training individual (30 min.)	47	11, 12, 50, 53, 62, 71, 99	54, 72,	00/999	10/03/01	10/01/03										×	(	x		x						x			х									16	\$12.	iO
W4015	Living skills training-group (per person) (30 min.)	47	11, 12, 50, 53, 62, 71, 99	54, 72,	00/999	10/03/01	10/01/03										×	(	х		x						x			х									8	\$4.0	)
W4016	Living skills training- extended (1 hour)	47	11, 12, 50, 53, 62, 71, 99	54, 72,	00/999	01/01/02	10/01/03										×	(	x		x						x			x									24	\$14.	iO
W4U2U	person) (30 min.)	47	11, 12, 50, 53, 62, 71, 99	54, 72,	00/999	10/03/01	10/01/03												х		x						x			х									16	\$4.5	0
W4030	Pre-job training education and development (15 min.)	47	11, 12, 50, 53, 62, 71, 99	54, 72, 0		10/03/01	10/01/03												x		x						x												32	\$7.5	0
	Job coaching and employment support (15 min.)	47	11, 12, 50, 53, 62, 71, 99	54, 72,		10/03/01	10/01/03												x		х						x												32	\$6.0	0
WADAD	Case management- behavioral health professional-office (15 min.) Case management-	47	11, 50, 62, 71,	53, 72 0	00/999	10/03/01	10/01/03	В											x		x																		32	\$20.0	10
W4041	behavioral health professional-out of office (15 min.)	47	12, 22, 34, 5	23, 64 0	00/999	10/03/01	10/01/03	N											x		x																		40	\$23.0	10

																					Pro	vide	er Ty	уре																		
			Valid Modifier Valid Places of Service /Bill Type	Min./Max. Age for Procedure	e Begin Date	Φ	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Laboratory Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	Habilitation Provider	Level 1 Psych. Hospital	ТВНА/ТВНА	Level II B/H Residence (non IMD)	Outpatient Clinic		Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IMD)	Licensed Independent Substance	Abuse Counselor (LISAC) Therapeutic Foster Care Home	Rural Substance Abuse Transitional	Level I Residential Treatment Center-	Secure (IMD) Level I Residential Treatment Center-	Non-Secure (non-IMD)	Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Level I Crisis Services	Other Tribal Traditional Service Practitioner		or-serv otiate a	vice rate payme		DHS/DBHS RBHA may ·, lower or rate
Code	Description	cos	Valid Modifier Valid Places o Type	Min./Ma	Gender Effective	End Date	Telemedi	02						1				1 72				85 8	86 8			12 A			+			2 E	33 E	+	+	1				Max Jnits	Non Facility Rate	Facility Rate
	Case management office (15 min.)	47	11, 50, 53 62, 71, 72	3, 000,000	10/03/01	10/01/03	3 <b>B</b>											х		х																		32	2		\$7.50	
W4043	Case management out of office (15 min.)	47	12, 22, 23 34, 54	000/999	10/03/01	10/01/03	3 <b>N</b>											х		х																		40	0		\$10.50	
W4044	Personal assistance (30 min.)	47	11, 12, 50 53, 62, 71 72, 99	, 000/999	10/03/01	10/01/03	3											х		x						1	(		x									6			\$10.00	
W4045	Personal assistance extended (60 min.)	47	11, 12, 50 53, 62, 71 72, 99	, 000/999	10/03/01	10/01/03	3											х		x					$\perp$		(		x					$\perp$				24	4		\$14.50	
W4046	Family support (30 min.)	47	11, 12, 34 50, 53, 62 71, 72, 99 11, 12, 22	2, 000/999	10/03/01	10/01/03	3									х	_	х		х						,	(		×					4		1		16	6		\$18.50	
W4047	Peer support (30 min.)	47	23, 34, 50 53, 54, 62 71, 72, 99	000/999	10/03/01	10/01/03	3											x		x						2	(		x								x	6	;		\$10.00	
W4048	Peer support-extended (60 min.)	47	11, 12, 22 23, 34, 50 53, 54, 62 71, 72, 99	000/999	10/03/01	10/01/03	3											х		х						2	(		x								x	24	4		\$14.50	
W4049	Peer support-group (per person 30 min.)	47	11, 12, 22 23, 34, 50 53, 54, 62 71, 72, 99	000/999	10/03/01	10/01/03	3											x		x						2	(		x								x	8			\$3.00	
W4050	service (per day)	47	12, 99	000/999	10/03/01	10/01/03	3																					х										1			\$56.00	
	Level II behavioral health residential facility (per day)	47	99	000/999	10/03/01	10/01/03	3												х																			1			\$163.00	
W4052	Level III behavioral health residential facility (per day)	47	99	000/999	10/03/01	10/01/03	3																			x								1	ı			1			BR	
W4060	Cricic intervention-urgent	47	21, 51, 99	000/999	10/03/01	10/01/03	3 <b>N</b>	х									х																	х	х	х		10	0		\$26.50	
W4061	Crisis intervention-urgent (5 to 23 hours) (per visit)	47	21, 51, 99		10/03/01	10/01/03	3 <b>N</b>	х									х																	х	х	х		1			\$294.00	
W4062	Crisis intervention mobile (1 person/out of office) (30 min.)	47	11, 12, 22 34, 50, 53 54, 62, 71 72, 99	3, 000/000	10/03/01	10/01/03	3 <b>N</b>	x									х			x														x	x	x		16	6		\$54.00	
W4063	Crisis intervention mobile team (2 person) (30 min.)	47	11, 12, 22 34, 50, 53 54, 62, 71 72, 99	3, 000/999	10/03/01	10/01/03	3 N	x									x			x														x	x	x		20	0		\$69.00	
W4070	Behavioral health day program-supervised (60 min.)	47	53, 62, 71 72, 99	, 000/999	10/03/01	10/01/03	3											х		х						)	(											3			\$11.00	
W4071	Behavioral health day program-supervised (min. of 3 hours and less than 6 hours) (per half day)	47	53, 62, 71 72, 99	, 000/999	10/03/01	10/01/03	3											х		x						1	(											1			\$30.50	
W4072	Behavioral health day program-supervised (6 hours or more) (per day)	47	53, 62, 71 72, 99	, 000/999	10/03/01	10/01/03	3											х		х						2	(											1			\$65.50	
W4073	Behavioral health day program-therapeutic (60 min.)	47	53, 62, 71 72, 99	, 000/999	10/03/01	10/01/03	3													х																		3			\$17.00	
	Behavioral health day program-therapeutic (min. of 3 hours and less than 6 hours) (per half day)	47	53, 62, 71 72, 99	, 000/999	10/03/01	10/01/03	3													x																		1			\$54.50	
W4075	Behavioral health day program-therapeutic (6 hours or more) (per day)	47	53, 62, 71 72, 99	, 000/999	10/03/01	10/01/03	3													х																		1			\$103.00	
W4076	Behavioral health day program-therapeutic (60 min.)	47	12	000/999	10/03/01	10/01/03	3													х																		3			BR	
W4077	Behavioral health day program-therapeutic (min. of 3 hours and less than 6 hours) (per half day)	47	12	000/999	10/03/01	10/01/03	3													x																		1			BR	

																				F	rov	ride	r Ty	ре																
			Valid Modifier Valid Places of Service /Bill Type	Max. Age for Procedure	er tive Begin Date	Date	Telemedicine/Non-registered ID	Level I Hospital	Laboratory	Emergency Transportation	Physician	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath	Habilitation Provider	Level 1 Psych. Hospital	TRBHA/RBHA	Level II B/H Residence (non IMD)	Level I residential treatment center	Secure (non IMD)	Licerised Cirrical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor Air Transportation	Level III B/H residential (non IMD)	Community Service Agency Licensed Independent Substance	Abuse Counselor (LISAC)	Rural Substance Abuse Transitional	Level I Residential Treatment Center-	Level I Residential Treatment Center-	Level I Residential Treatment Center-	Level I Subacute Facility (non-IMD)	Subacute	Level I Crisis Services		Serv	fee-for-se negotiate	ervice ra	ites. The finent higher for-service	, lower or
Code		cos	Valid Valid Type	Min./Max.	Gender	End	Telem	02 0	3 04	06 (	)8 1 <sup>-</sup>	1 18	3 19	28	31	39	71 7	72 7	4 7	7 78	8 8	5 8	86 8	37 97	A2	A3 A	4 A	5 A	6 B1	B2	ВЗ	B5	В6	В7	S2	S3	DBHS Units	Max Units	Non Facility Rate	Facility Rate
W4078	Behavioral health day program-therapeutic (6	47	12	000/999	10/03/01	10/01/03	3					i							1								i	İ									1		BR	
W4079	hours or more) (per day) Behavioral health day program-medical (60 min.)	47	53, 62, 7 72, 99	1, 000/999	10/03/01	10/01/03	3												2	ĸ																	3		\$22.00	
W4080	Behavioral health day program-medical (min of 3 hours and less than 6	47	53, 62, 7 72, 99	1, 000/999	10/03/01	10/01/03	3												1	κ .																	1		\$61.50	
	or more) (per day)	47	53, 62, 7 72, 99	1, 000/999	10/03/01	10/01/03	3												1	κ					İ												1		\$131.50	
	Behavioral health day program-medical (60 min.)	47	12	000/999	10/03/01	10/01/03	3												1	ĸ																	3		BR	
W4083	Behavioral health day program-medical (min of 3 hours and less than 6 hours) (per half day)	47	12	000/999	10/03/01	10/01/03	3												1	κ																	1		BR	
	Behavioral health day program-medical ( 6 hours or more) (per day)	47	12	000/999																κ .																	1		BR	
Z2999	Special transport	31	42, 99	000/999		10/01/03		-	-		_	<u> </u>	+	X			-	х		(	-	-	_	-	₩	Х		+	-	-	+	-	╀-	Ш	_		1		BR	
Z3050 Z3060	Personal assistance Short term in-home	26	12, 99	000/999			_		+		+		+	+		X	+	х	Н,	(	+		-	-	+	х		+	-	+	-	-	$\vdash$	$\vdash$	-		12		\$19.66 \$13.96	
	respite care (60 min.) Continuous in-home						+		-		+		+	-					-	_	+	-	-		+			+	-	-	+	-	$\vdash$	Н			-			
Z3070	respite care (per day)	26	12, 99						-	Н.	-	-	+	-		X		X		·	-	+	_		-	X	-	+	-	-	+	-	-	$\sqcup$	4		1		\$167.71	-
	Private vehicle, per mile Urban non-emergency	31	99	000/999				+ +	+	+	+	-	-	+-	H	X		Х		(	+	+	+	-		X	-	+	+-	+	+	+-	+	$\vdash$	-		999		\$0.10	-
Z3620	transport, coach van, per mile	31	99	000/999	10/01/88	10/01/03	N	х						х		Х	X	х		(						x		X				х	х	х			999		\$1.15	
Z3621	Ambulatory van, urban base rate	31	99	000/999	04/01/99	10/01/03	N	х						х			х	х		(						х		х				х	х	х			5		\$6.69	
Z3643	Rural, non-emergency transport coach van, per mile Rural, wheelchair van,	31	99	000/999	04/01/99	10/01/03	N	x						x		х	x	х	_	(						x		X	-			х	х	х			999		\$1.34	
Z3644	base rate	31	99	000/999	10/01/94	10/01/03	3							х		Х		х		(						х		Х									5		\$16.03	
Z3645	Rural, wheelchair van, per mile	31	99	000/999	10/01/94	10/01/03	3							х		х	X	х	1	(						х		X									999		\$1.20	
Z3646	Rural, stretcher van, base rate	31	99	000/999	10/01/94	10/01/03	3							х		I	х	х		(						х		x								I	5	T	\$51.28	
Z3647	Rural, stretcher van, per mile	31	99	000/999	10/01/94	10/01/03	3							х				х	-   :	(						х		х									999		\$2.42	
Z3648	Ambulatory van, rural base rate	31	99	000/999	04/01/99	10/01/03	N	х		$\Box$				х			х	х	1	(	$\top$	$\dagger$			Т	х		×				х	х	х			5		\$7.69	
Z3655	Non-covered ground ambulance mileage, per mile (miles traveled beyond closest point	14	41	000/999	03/15/00	10/01/03	3		х																												999		\$5.34	
Z3715	Helicopter taxi, non- emergency,	31	99	000/999	08/10/99	10/01/03	3							х				х	- 1	(						х		×						П			5		\$48.61	
Z3717	Non-ambulance waiting time (per half hour)	31	99	000/999	03/01/88	10/01/03	3		T	П	$\top$			х		х	$\top$	х	1	(	$\top$					х		x				T		П			6		\$4.85	
Z3721	Urban stretcher van, base rate	31	99	000/999	07/01/94	10/01/03	3		1	H	$\top$		T	х	П		+	х		(	$\top$		$\top$			х		×	1			1		П			5		\$44.59	
Z3722	Urban stretcher van, per	31	99	000/999	07/01/94	10/01/03	3				$\top$	+	T	х			+	х		(	$\top$		+			х		×				+		$\Box$			999		\$2.10	
	mile Urban, wheelchair van,	31	99	000/999		10/01/03	-		+-	+	+	-	-	x	H			x		_	+	+	+	-		х	-	x	-	-	+	+	$\vdash$	H	+		999		\$1.05	
	per mile Taxicab, per mile	31	99	000/999		10/01/03		+	+	$\vdash$	+	+-	+	X	$\vdash$			x			+	+	+	-	+	X	-	X		-	+-	-	$\vdash$	$\vdash$	$\dashv$		999		\$1.05	-
	Room and Board	S	99	000/999		09/30/03							$\top$	Ë					X Z						Х		)	X							х		1		\$20.50	
S2015	Supportive housing assistance	S	11, 12, 2 23, 34, 5 53, 54, 5 62, 71, 7	0, 5, 2 000/999	10/03/01	09/30/03	3											x	1	(						x											1		\$21.00	
S6000	Flex Funded Service	S	11, 12, 2 23, 34, 5 53, 54, 5 62, 71, 7 99	0, 5, 000/999	10/03/01	09/30/03	3											x		(						x											999		PA amount	

																						Pro	ovid	er Ty	уре														$\top$			
			Valid Modifier	Valid Places of Service /Bill Type	x. Age for Procedure	e Begin Date	Φ	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath Habilitation Provider	Level 1 Psych. Hospital	TRBHA/RBHA	Level II B/H Residence (non IMD)	Outpatient Clinic	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Community Service Agency	Licensed Independent Substance	Abuse Counselor (LISAC) Therapeutic Foster Care Home	Rural Substance Abuse Transitional	Level I Residential Treatment Center-	Secure (IMD) Level I Residential Treatment Center-	Non-Secure (non-IMD) Level I Residential Treatment Center-	Non-Secure (IMD)	Subacute	e l	Level I Crisis Services	Tribal Traditional Service Practitioner	Thes	or-ser otiate a	the AHCCCS, vice rates. Th a payment hig le fee-for-servi	e RBHA may ner, lower or
			ĭ	E a	Ma der	cţi	Dat	nedi							4				Ĺ																4	1	T		1		Cu	rent Rate
Code	Description	SOS	Valid		Min./Max. Gender	Effective	End Date	Teler	02	03 0	4 06	08	11	18	19	28 :	31 39	71	72	74	77	78	85	86	87 9	7 A	2 A	3 A	4 A	A	B1	l B	2 E	33 E	B5 E	36 E	37 S	2 S	DBI Uni		Max Facili	
S6001	Native American traditional healing services (15 minutes)	s		11, 12, 22, 23, 34, 50, 52, 53, 54, 55, 62, 71, 72	000/999	10/03/01	09/30/03	3											x		x						)	x										x	32	2	PA amou	nt
S7001	Interpreter services to assist clients	s		11, 12, 22, 23, 34, 50, 53, 54, 55, 62, 71, 72, 99	000/999	10/03/01	09/30/03	3											x		x						)	x		x							,	x	99	19	PA amou	nt
S9000	Auricular Acupuncture	s		11, 21, 22, 51, 53, 55, 56, 99	000/999	10/03/01	09/30/03	3	x									х			х					,	•				х	х	(	х	х	х			99	19	BR	
97780	Acupuncture w/o stimulation	s		11, 21, 22, 51, 53, 55, 56, 99	000/999	01/01/98	12/31/04	1	х									x			х					,	(				х	х	(	х	х	х			1		BR	
97781	Acupuncture w stimulation	s		11, 21, 22, 51, 53, 55, 56, 99	000/999	01/01/98	12/31/04	1	х									х			х					,	(				х	х	(	х	х	х			1		BR	
97810	Acupuncture, one or more needles, without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	s		11, 21, 22, 51, 53, 55, 56, 99	000/999	01/01/05			x									x			x					)	(				х	х	(	x	x	x			1		BR	
97811	Each additional 15	s		11, 21, 22, 51, 53, 55, 56, 99	000/999	01/01/05			x									x			х					)	κ .				х	x	(	x	x	x			1		BR	
97813	Acupuncture, one or more needles, with electrical stimulation, initial 15 minutes of personal one- on-one contact with the patient.	s		11, 21, 22, 51, 53, 55, 56, 99	000/999	01/01/05			x									x			x					,	(				х	х	(	x	x	x			1		BR	
97814	Each additional 15 minutes of personal one- on-one with patient, with re-insertion of needle(s).	s		11, 21, 22, 51, 53, 55, 56, 99	000/999	01/01/05			x									х			x					,	(				х	x	(	x	x	x			1		BR	
	Supported Housing Mental Health Services	S	-	12, 99	000/999	01/01/03		ļ		_	_								X		Х					_		X		-					4	$\perp$	_		1		\$21.0	0
H0046	NOS	S	SE	1	000/999	01/01/03				$\perp$	$\perp$								X	х	Х					,	( )	X	Х	X			$\perp$				;	(	1		\$20.5	0
H0046	NUS	s		11, 12, 22, 50, 53, 55, 71, 72, 99	000/999	01/01/03													х		х						)	x										х	32	2	32 BR	
S9986	necessary	s		11, 12, 22, 50, 53, 55, 71, 72, 99	000/999	01/01/02													x		х						)	x											N/	A	BR	
	Not medically necessary service, pt aware that services not medically necessary. Code will be used to report Medicare Part D Premium payments	s	HW	11, 12, 22, 50, 53, 55, 71, 72, 100	000/999	01/01/06	;		x	x x	x	x	x	x	x	x	x x	x	x	x	x	x	x	x	x z	x >	<b>(</b> )	x x	x	x	x	x	(	x	x	x	x x	x x	1		BR	
T1013	Sign language or oral	s		11, 12, 22, 50, 53, 55, 71, 72, 99	000/999	01/01/02													х		х						)	x		х							,	( x	. NA	A	BR	